

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT # P96000049356

1. Entity Name

IRWIN WOLFE & ASSOCIATES, INC.

FILED  
00 JUL 28 PM 3: 57

Principal Place of Business

9315 N.W. 49TH PLACE  
SUNRISE FL 33351

Mailing Address

9315 N.W. 49TH PLACE  
SUNRISE FL 33351-5260

6/20/00 9:00 AM 1018 \$150.00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0678287

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, IRWIN  
9315 N.W. 49TH PLACE  
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
IRWIN, WOLFE  
9315 NW 49 PLACE  
SUNRISE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP ☐ Delete

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LS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-742-2578  
April 15, 2000

Date

Daytime Phone #

2082  
June 9, 2000

IRWIN WOLFE  
9315 NW 49 PL  
Sunrise, FL 33351  
(954) 742-2578

FEI 65 0678287

Division of Corp / 2000 Uniform Business Report  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir,

On April 15, 2000 I sent a check, #1385 dated April 15, 2000 for \$150 to Division of Corp in Tallahassee. Upon receiving my April, then May 2000 bank statements I noticed the check I had sent still had not cleared my bank.

On June 9, 2000 I called the Division of Corp and spoke to Tyne Scott and was told to send a replacement check to your office. I am also including a copy of the original form that I had kept for my records. I am not placing a stop payment on the original check just in case it is found.

Sincerely,  
Irwin Wolfe