## 2000 UNIFORM BUSINESS REPORT (UBR) 1. Entity Name

## DOCUMENT # P97000021316

263rd Terri

6. Name and Address of Current Registered Agent

## CHARLES A. WENTZELL ENTERPRISES, INC.

Principal Place of Business

2. Principal Place of Business

12245 S.W.

Homestead

(See criteria on back)

Mailing Address

7700 NW 36TH ST HOLLYWOOD FL 33024

City & State

33037

7700 NW 36TH ST

3. Mailing Address

12245

City & State

Suite, Apt. #, etc.

Homestea

SECEE

HOLLYWOOD FL 33024-8414

FILED Mar 06, 2000 8:00 am **Secretary of State** 

03-06-2000 90035 035 \*\*\*158.75



WENTZELL, CHARLES A 7700 NW 36TH ST DAVIE FL 33024

same

Street Address (P.O. Box Number is Not Acceptable) S.W. EG3rd Terrace

Homestead

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

Country

AZ,U

CHAKLES A. WenTacl

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE WENTZELL, CHARLES A NAME STREET ADDRESS STREET ADDRESS 7700 NW 36TH ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33024 Addition VΡ TITLE Change TITLE ☐ Delete WENTZELL, ALAN L. NAME NAME STREET ADDRESS STREET ADDRESS 7700 NW 36TH ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33024 ☐ Change ☐ Addition TITLE - Delete WENTZALL, MARY NAME NAME STREET ADDRESS STREET ADDRESS 7700 N.E. 36TH STREET CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33024 Wentzell, Charles A. ☐ Addition Delete TITLE PFAFF, LIONEL NAME NAME 12245 S.W. 26311 Terrace STREET ADDRESS STREET ADDRESS 1010 S.W. 30 STREET W. APT. CITY-ST-ZIP Homestead, FL CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #