

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050074

1. Entity Name

WARRIOR AND SCHOLAR, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90048 004 \*\*\*150.00

Principal Place of Business

6931 TAFT ST.  
HOLLYWOOD FL 33024

Mailing Address

13535 NW 10 STREET  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0780875

Applied For  
Not Applicable

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

MARTORELLI, ALICIA  
13535 NW 10 STREET  
SUNRISE FL 33323

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

*Alicia Martorelli*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

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, 2001 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 P  
NAME WADSWORTH, KEITH  
STREET ADDRESS 6430 AMBER JACK TERRACE  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE P  
NAME WADSWORTH, KEITH  
STREET ADDRESS 5701 S.W. 4 COURT  
CITY-ST-ZIP PLANTATION, FL. 33317 ☒ Change ☐ Addition

TITLE VP  
NAME MARTORELLI, ALICIA  
STREET ADDRESS 13535 NW 10 STREET  
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

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

TITLE S  
NAME WADSWORTH, KIM  
STREET ADDRESS 6430 AMBER JACK TERRACE  
CITY-ST-ZIP MARGATE FL 33063 ☒ Delete

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

TITLE T  
NAME MARTORELLI, BEN  
STREET ADDRESS 13535 NW 10 STREET  
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Alicia Martorelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 954  
764-0304

CR2E034 (10/00)