

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90283 005 ***150.00

DOCUMENT # **P97000056102 (1)**
 1. Entity Name
FWG ENTERPRISES, INC.

Principal Place of Business Mailing Address
1060A HALSEY DR 1107 KEY PLAZA
KEY WEST, FL 33040 BOX 151
KEY WEST, FL 33040

2. Principal Place of Business 3. Mailing Address
21053 2ND AVE. E. 1107 KEY PLAZA
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB 151


City & State City & State
CUDJOE KEY, FL KEY WEST, FL 33040
 Zip Country Zip Country
33042 USA 33040 USA

6. Name and Address of Current Registered Agent
FRANK W. GIANINO
1060A HALSEY DR.
KEY WEST, FL 33040

4. FEI Number Applied For
65-0767691 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **FRANK W. GIANINO**
 Street Address (P.O. Box Number is Not Acceptable)
21053 2ND AVE. E.
 City **CUDJOE KEY** FL Zip Code **33042**

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  **FRANK W. GIANINO, PRESIDENT** 4/29/00
 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	P/V/T/S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK W. GIANINO		NAME		
STREET ADDRESS	21053 2ND AVE. E.		STREET ADDRESS		
CITY-ST-ZIP	CUDJOE KEY, FL 33042		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **FRANK W. GIANINO** 4/29/00 305-744-9956
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)