

2000 UNIFORM BUSINESS REPORT (UBR)

2/3/00-90010-016-\$150.00-\$150.00

DOCUMENT # P97000072845

1. Entity Name

DW INVESTMENTS, INC.

FILED

00 MAR -3 PM 3:27

Principal Place of Business

1499 W PALMETTO PK RD
SUITE 304
BOCA RATON FL 33486
US

Mailing Address

1499 W PALMETTO PK RD
SUITE 304
BOCA RATON FL 33486-3322
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

225 HIZNER BLVD.

3. Mailing Address

225 HIZNER BLVD

Suite, Apt. #, etc.

640

Suite, Apt. #, etc.

640

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

65-0776402

Applied For

Not Applicable

Zip

33432-4080

Country

USA.

Zip

33432-4080

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNROE, JEFFREY DALLAS
1499 W PALMETTO PK RD
SUITE 304
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name SPIEGEL & UTAERA P.A.

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

343 ALHENA AVE.

City

CORAL GABLES

FL

Zip Code

33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VAN VORT, DAVID	
STREET ADDRESS	1499 W PALMETTO PK RD, STE 304	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)