

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9-800071472

1. Entity Name

W.A. PASKOW, INC

FILED

02 FEB 15 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2458 Poinciana Ct. Weston, FL 33327	2458 Poinciana Ct. Weston, FL 33327

2. Principal Place of Business	3. Mailing Address
1039 Kane Concourse	1039 Kane Concourse
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Bay Harbor Islands, FL	Bay Harbor Islands, FL	650870268	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33154	USA	☐	
	Zip		
	33154		
	Country		
	USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Neil Levinson 407 Lincoln Road, PH Miami Beach, FL 33139	Name Wendy Paskow Street Address (P.O. Box Number is Not Acceptable) 1039 Kane Concourse Bay Harbor Islands City Bay Harbor Islands FL Zip Code 33154

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 Wendy Paskow (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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST ☐ Delete	TITLE	PVST ☒ Change ☐ Addition
NAME	Wendy Paskow	NAME	Wendy Paskow
STREET ADDRESS	2457 Poinciana Court	STREET ADDRESS	1039 Kane Concourse
CITY-ST-ZIP	Weston, FL 33327-1418	CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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: Wendy Paskow SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/00)