

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P98000090960

1. Entity Name

OWC-FL, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

04-21-2000 90139 042 ***150.00

Principal Place of Business

100 WEST CYPRESS CREEK ROAD
 SUITE 700
 FT. LAUDERDALE FL 33309

Mailing Address

100 WEST CYPRESS CREEK ROAD
 SUITE 700
 FT. LAUDERDALE FL 33309-2195

2. Principal Place of Business

3015 N. OCEAN BOULEVARD

Suite, Apt. #, etc.

SUITE 121

City & State

FOOT LAUDERDALE, FL

Zip

33308

Country

3. Mailing Address

3015 N. OCEAN BOULEVARD

Suite, Apt. #, etc.

SUITE 121

City & State

FOOT LAUDERDALE, FL

Zip

33308

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-099725

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.
 GREENSPOON, MARDER, HIRSCHFIELD, P.A.
 100 WEST CYPRESS CREEK ROAD SUITE 700
 FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LAMBERT, JAMES E
 CITY-ST-ZIP 3015 N. OCEAN BLVD. SUITE 121
 FT. LAUDERDALE FL 33308

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PATTEN, HAROLD
 CITY-ST-ZIP 961 HILLSBORO MILE
 HILLSBORO BEACH FL 33062

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

954-563-2144

Daytime Phone #

CR2E034 (9/99)