

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105480

1. Entity Name 1021 W. HALLANDALE INC

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90145 048 ***158.75

Principal Place of Business 1021 WEST HALLANDALE BEACH Blvd
 Hallandale, FLA. 33309
 Mailing Address mail 2818 N. 46th Ave K392
 Hollywood, FL 33021

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 2818 N. 46th Ave K392

DO NOT WRITE IN THIS SPACE

City & State Hollywood, FL
 Zip 33021 Country Broward
 4. FEI Number 65-0909781
 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

Lillian Winepol
 2818 N. 46th Ave - K392
 Hollywood, FL 33021

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	David Winepol	
STREET ADDRESS	2016 COVE LANE	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	Lillian Winepol	<input type="checkbox"/> Delete
NAME	2818 N. 46th Ave K392	
STREET ADDRESS	Hollywood, FL 33021	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lillian Winepol, Sec. Lillian Winepol 6/19/2000 (854) 962-5159
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

DUU67853

Lillyan Winepol
2818 No. 46 Ave. Grandview, Apt. K 392
Hollywood, Florida 33021

June 19, 2000

Florida Dept of Corp.
Tallahassee, Flv. 32314

Re: 1021 W. Hallandale Ave.

Dear Sir:

Enclosed please find our
replacement check for # 2330 sent
out April 24, 2000. for the annual
report and a Certified Copy.

As I had explained when I
called, I have been in the hospital
and going thru radiation and
was not aware that our checks
had not cleared. When our May
bank statements came in around
June 7th I found check had
not cleared and we had not
received our copy — I called.

Was told to fill out the replacement
blank which I received — Send
in along with this letter and a
replacement check.

Thank you,

Very truly yours,
Lillyan Winepol