## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED May 22, 2000 8:00 am Secretary of State

## DOCUMENT # P9900001910

1. Entity Name

M & W ENTERTAINMENT OF TAMPA, INC.

Principal Place of Business Mailing Address				05-22-2000 90022 010 ***150.00		
4404 N. GRADY AVE.  → 4404 N. GRADY AVE.  → TAMPA FL 33614 → TAMPA FL 33614-7024 —						
2. Principal Place of Business 5522 HAWLEY RD. 3. Mailing Address 5522 HAWLEY RD.						
Suite, Apt.	#, etc. 1/2	5522 HANLEY RD. Suite, Apt. #, etc. 57E 1/2		1610.	DO NOT WRITE IN THIS SPACE	
City & Stat	PA, FL.	City & State  I AMPA, I	FL		4. FEI Number Applied For Not Applicate	
336 336	6. Name and Address of Curren	336 15	Coun  U.	•	Certificate of Status Desired	
	o. Name and Address of Corre	it Hegisteren Agent		Name D. A.	ERT BRESCIA  (PO Box Number is Not Acceptable)	
<del>- 4404</del>	MONTE, MIKE I-N. GRADY-AVE PA FL 33614			Street Address (	(P.O. 80x Number is Not Acceptable)  HANLEY CO STE //Z	
				City TAM	PA FL Zin Code 15	
Tax filing r	Signature typed or printed name of registered age or	ole FILE NOV After MAY 1, 2	VIII FEE	Agent signature required IS \$150.00 will be \$550.00 epartment of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11,	OFFICERS AN	D DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZANSKI, WALT 4404 N. GRADY AVE. TAMPA FL 33614	☐ Delete		F 120	IP  ZANSKI, WALT  522 HANLEY RD STE 112  PMPA, FL. 33615	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete		E RO	BENT BRESCIA  122 HANLEY RD. STE 112.  14MPA, FL. 33615	
NAME STREET ADDRESS CITY-ST-ZIP		- □ · Delete		l l	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Additi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Additi	
TITLE		☐ Delete	TITLE		☐ Change ☐ Additi	

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATUR** 

STREET ADDRESS

PRESIDEN