

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**  
 03-27-2002 90013 021 \*\*\*150.00

0313942 AV

**DOCUMENT # P99000013051**

1. Entity Name

**AFWM & C HOLDINGS, INC.**

Principal Place of Business

**100 W CYPRESS CREEK ROAD STE 1045  
 FT LAUDERDALE FL 33309**

Mailing Address

**100 W CYPRESS CREEK ROAD STE 1045  
 FT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0897078**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITCHER, TERRELL W  
 100 W CYPRESS CREEK ROAD STE 1045  
 FT LAUDERDALE FL 33309**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	ADAIR, MICHAEL R	
STREET ADDRESS	3642 HIGH PINE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33065	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FULLER, STEVEN E	
STREET ADDRESS	3150 SW 135 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WITCHER, TERRELL W	
STREET ADDRESS	9040 SW 54 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MALCOM, WILLIAM A	
STREET ADDRESS	8795 NW 55 PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
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		
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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:

*William A Malcom* **WILLIAM MALCOM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/12/02 491-9790**

CR2E034 (9/01)