

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000051445

1. Entity Name

ANGLEWOOD ENTERPRISES, INC.

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

04-27-2000 90009 043 \*\*\*150.00

Principal Place of Business

57 NORTHEAST 2ND STREET  
DANIA BEACH FL 33004

Mailing Address

57 NORTHEAST 2ND STREET  
DANIA BEACH FL 33004-2822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEL Number

65-0925200

Applied For

Not Applicable

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

 SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

MICHAEL J. WINKELHOLZ

Street Address (P.O. Box Number is Not Acceptable)

57 NE 2ND ST

City

DANIA


FL

Zip Code

33004

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)

3-17-2000

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PSTD  
 WINKELHOLZ, MICHAEL J  
 57 NORTHEAST 2ND STREET  
 DANIA BEACH FL 33004
☐ Delete
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

3-17-2000

Date

954-792-7058

Daytime Phone #

CR2E034 (9/99)