

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90082 027 ***158.75

DOCUMENT # P99000061895

1. Entity Name

THE WITTER GROUP ACCOUNTS RECEIVABLE MANAGEMENT,

Principal Place of Business

Mailing Address

5730 S.W. 25TH STREET, BAY 4
HOLLYWOOD FL 33023

5730 S.W. 25TH STREET, BAY 4
HOLLYWOOD FL 33023-4011

2. Principal Place of Business

3. Mailing Address

6837 SW 39 DR
Suite, Apt. #, etc.

6837 SW 39 DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number

65-0934673

Applied For

Not Applicable

Zip
33023

Country
U. S. A

Zip
33023

Country
U. S. A

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITTER, SHERYL
5730 S.W. 25TH STREET, BAY 4
HOLLYWOOD FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)
6837 SW 39 DR

City
MIRAMAR

FL

Zip Code
33023

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

Sheryl Witter SHERYL WITTER

03-18-00

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)

X

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.

X

\$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
P
SHERYL WITTER
6837 SW 39 DR
MIRAMAR, FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHERYL WITTER
6837 SW 39 DR
MIRAMAR FL 33023

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUDITH CELESTRE
MIAMI BEACH, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
JUDITH CELESTRE
19370 COLLINS AVE #PH 10C
SUNNY ISLES FL 33160

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
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)(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

Date

Daytime Phone #

03-18-00 954-961-9594

CR2E034 (9/99)