

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061895

1. Entity Name

THE WITTER GROUP ACCOUNTS RECEIVABLE MANAGEMENT,

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90100 034 ***158.75

Principal Place of Business

Mailing Address

6837 SW 39TH DR
MIRAMAR FL 330236837 SW 39TH DR
MIRAMAR FL 33023

C0027768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3600 S. State Rd 7

3600 S. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

343; 342; 335 & 350

343

City & State

City & State

MIRAMAR FL

MIRAMAR FL

4. FEI Number

65-0934673

Applied For

Not Applicable

Zip

Country U.S.A

Zip

Country

33023

BROWARD

33023

U.S.A

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

WITTER, SHERYL
6837 SW 39 DR
MIRAMAR FL 33023

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	WITTER, SHERYL	6837 SW 39 DR	MIRAMAR FL 33023	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	CELESTRE, JUDITH	19370 COLLINS AVE #PH10C	SUNNY ISLES FL 33160	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SHERYL WITTER

02-23-2001 954-961-9594

Date

Daytime Phone #

CR2E034 (10/00)