

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000066783**

1. Entity Name

ADZC10 NEWLWEL, INC.

Principal Place of Business

**240 SW 7 ST-#2
BOCA RATON, FL
33432**

Mailing Address

**240 SW 7 ST-#2
BOCA RATON, FL
33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FBI Number

65-0951777

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT H. LUTWAK, CPA
1191 E. NEWPORT CENTER DR., SUITE 208
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name

ADZC10 NEWLWEL

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

240 SW 7 ST-#2

City

BOCA RATON

FL

Zip

33432

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

Adelino Henriquez

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

04/15/00

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

ADZC10 NEWLWEL ☐ Delete
240 SW 7 ST-#2
BOCA RATON, FL 33432 ☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Adelino Henriquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/00

Date

Daytime Phone #

(561) 441-3735

CR2E034 (9/99)