

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069641

1. Entity Name

MICHAEL WILLIAMS, INC.

**FILED**  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90567 006 \*\*\*150.00

Principal Place of Business

Mailing Address

2565 NORTHWEST 49TH AVE.  
SUITE 201  
LAUDERDALE LAKES FL 33313

2565 NORTHWEST 49TH AVE.  
SUITE 201  
LAUDERDALE LAKES FL 33313-3349

2. Principal Place of Business

3. Mailing Address

Michael Williams Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 190535

City & State

City & State

Fort Lauderdale

Zip

Country

Zip

Country

33319-0535 Broward

4. FEI Number

650942337

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

SPENCER, SHERNA G ESQ  
5950 WEST OAKLAND PARK BLVD. SUITE 103  
LAUDERHILL FL 33313

Name

Spencer, Sherna G Esq

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

5950 West Oakland Park Blvd/suite 103

City

laudherhill FL 33313 FL 33313

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS WILLIAMS, MICHAEL O  
CITY-ST-ZIP 2565 NORTHWEST 49TH AVE. SUITE 201  
LAUDERDALE LAKES FL 33313

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)