

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90092 037 ***150.00

DOCUMENT # P99000069641

1. Entity Name

MICHAEL WILLIAMS, INC.

Principal Place of Business

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

Mailing Address

MICHAEL WILLIAMS INC
 P O BOX 190535
 FORT LAUDERDALE FL 33319-0535

2. Principal Place of Business

5320 NW 88 Ave #C204

3. Mailing Address

Suite, Apt. #, etc.

C204

City & State
 Lauderhill Florida

City & State

Zip
 33351

Country
 Broward

Zip

Country

4. FEI Number 65-0942337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☒ Change ☐ Addition
 NAME **Williams, Michael O**
 STREET ADDRESS **5320 NW 88 Ave #C204 Lauderhill**
 CITY-ST-ZIP **33351**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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

MICHAEL WILLIAMS

Date

Daytime Phone #

1/25/2001 954-6775115

CR2E034 (10/00)