

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90825 042 ***150.00

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DOCUMENT # P990000069641

1. Entity Name
MICHAEL WILLIAMS, INC.



Principal Place of Business
**5320 NW 88 AVE #C204
FORT LAUDERDALE FL 33351**

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



2. Principal Place of Business
**8301 NW 47 Street
Suite, Apt. #, etc.
Lauderhill
City & State
Florida**

3. Mailing Address
**MICHAEL WILLIAMS INC
PO Box 190535
City & State
Fort Lauderdale 33319**

☐ CHECK HERE IF MAKING CHANGES

Zip
33351 Country
Broward

Zip
33351 Country
Broward

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, MICHAEL O 8301 NW 47 Street
5320 NW 88 AVE #C204
FORT LAUDERDALE FL 33351**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)