

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90023 026 \*\*\*150.00

**DOCUMENT # P99000107594**

1. Entity Name  
**BAW ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**4501 N. OCEAN BLVD.**      **4501 N. OCEAN BLVD.**  
**BOCA RATON FL 33431**      **BOCA RATON FL 33431**

2. Principal Place of Business  
**127 NW 43rd ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**127 NW 43rd ST**  
 Suite, Apt. #, etc.

City & State  
**Boca Raton, FL**  
 Zip      Country  
**33431**      **USA**

City & State  
**Boca Raton, FL**  
 Zip      Country  
**33431**      **USA**

4. FEI Number **65-0970216**      Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WINKEL, BETTY**  
**4501 N. OCEAN BLVD.**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

Name  
**BETTY WINKEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 SE MEIZNER BLVD**  
 City      State      Zip Code  
**Boca Raton**      **FL**      **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: \_\_\_\_\_ (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WINKEL, BETTY</b>		NAME	<b>WINKEL, BETTY</b>	
STREET ADDRESS	<b>4501 N. OCEAN BLVD.</b>		STREET ADDRESS	<b>500 SE MEIZNER BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>		CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.

SIGNATURE: *Betty Winkel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/01**      **561-367-1444**  
 Date      Daytime Phone #

CR2E034 (10/00)