

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S90757

1. Entity Name

D.W.L., INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90042 003 \*\*\*150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD., STE. 212  
HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD., STE. 212  
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

Suite #3

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0292887

Applied For

Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US

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

MANELLA, ROSS ESQ.  
2500 HOLLYWOOD BLVD., STE. 212  
HOLLYWOOD FL 33020

Name MANELLA, ROSS H. ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
2237 N. Commerce Parkway

Suite #3

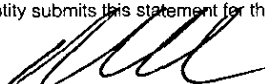
City Weston

FL

Zip 33326

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



ROSS MANELLA

4/30/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
WAINSTOCK, ROCHELLE  
10208 BERMUDA DR.  
COOPER CITY FL 33026 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

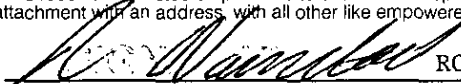
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:



ROCHELLE WAINSTOCK

4/30/00

Date

(954) 385-3637

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)