

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

S90757

Entity Name

D.W.L., INC.



FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90171 014 \*\*\*150.00

Principal Place of Business

D.W.L., Inc.  
17395 N. Bay Road  
Miami, Florida 33160

Mailing Address

D.W.L., INC.  
2500 Hollywood Blvd, # 212  
Hollywood, Fl. 33020

2. Principal Place of Business

17395 N. Bay Road

3. Mailing Address

2500 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
212

City & State  
Miami, Florida

City & State  
Hollywood, Florida

4. FEI Number

65-0292887

Applied For

Not Applicable

Zip  
33160

Country  
USA

Zip  
33020

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Ross Manella, Esq.  
2237 North Commerce Parkway  
Suite # 3  
Weston, Florida 33326

7. Name and Address of New Registered Agent

Name

Joseph P. Klapholz, Esq.

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

2500 Hollywood Boulevard, Suite 212

Hollywood

City

FL

Zip Code  
33020

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

Joseph P. Klapholz, Esq.

04/23/01

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 PSTD ☐ Delete  
NAME WAINSTOCK, Rochelle  
STREET ADDRESS 10208 Bermuda Drive  
CITY-ST-ZIP Cooper City, Florida 33026

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

04/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #