

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98798

1. Entity Name

WALLWORKS INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90043 035 ***150.00

Principal Place of Business

Mailing Address

801 S DIXIE HIGHWAY W

801 S DIXIE HIGHWAY

BAY 11

BAY 11

POMPANO BEACH FL 33060

POMPANO BEACH FL 33060 8263

US

US

710266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

527 SW 21st Terrace

3. Mailing Address

527 SW 21st Terrace

Suite, Apt. #, etc.

suite #1

Suite, Apt. #, etc.

suite #1

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0298106

Applied For

Not Applied

Zip

33312

Country

USA

Zip

33312

Country

USA

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

GRAY, MATT

801 S DIXIE HIGHWAY WEST

BAY 11

POMPANO BEACH FL 33060

Name

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

527 S.W. 21st Terrace suite #1

City

Ft. Lauderdale

FL

Zip Code

33312

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DPST GRAY, MATT 801 S DIXIE HIGHWAY W - BAY 11 POMPANO BEACH FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
527 S.W. 21st Terrace Suite 1, Fort Lauderdale, FL. 33312

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

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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 supplementary 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

Date

Daytime Phone #

1/26/00 316-5336 (954)