

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0024457

**DOCUMENT # 714442**

1. Entity Name

**THE WAYNE CONDOMINIUM, INC.**

03-29-2002 90826 036 \*\*\*\*61.25

Principal Place of Business 1160 99TH STREET BAY HARBOR ISLANDS FL 33154	Mailing Address 1160 99TH STREET BAY HARBOR ISLANDS FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>71-4442230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**EVERETT, ALIDA C.**  
**1160 99 STREET, APT. 2**  
**BAY HARBOR ISLANDS FL 33154**

**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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>APD</b>	<input type="checkbox"/> Delete
NAME	<b>WEINER, MICKEY</b>	
STREET ADDRESS	<b>1160 99 ST</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>	
TITLE	<b>ASTD</b>	<input type="checkbox"/> Delete
NAME	<b>EVERETT, ALIDA C.</b>	
STREET ADDRESS	<b>1160 99 ST</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRUZ, SUSAN</b>	
STREET ADDRESS	<b>1160-99 ST</b>	
CITY-ST-ZIP	<b>BAY HARBOR ISL FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:** *Alida C. Everett* **ALIDA C. EVERETT** **13-19-02** **(305) 864-2582**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)