

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004569

1. Entity Name

WI HOLDINGS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90151 002 ***150.00

Principal Place of Business

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160
US

Mailing Address

7900 ISLAND BLVD.
NORTH MIAMI BEACH FL 33160-4906
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0441919**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FINVARB, ROBERT I ESQ.
7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Alan Matus

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

7900 Island Boulevard

City

North Miami Beach

FL

Zip Code
33160

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 **C** ☐ Delete
NAME **TRUMP, JULIUS**
STREET ADDRESS **7900 ISLAND BLVD.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **PD** ☐ Delete
NAME **TRUMP, EDDIE**
STREET ADDRESS **7900 ISLAND BLVD.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **EVPD** ☐ Delete
NAME **MATUS, ALAN**
STREET ADDRESS **7900 ISLAND BLVD.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **EVPS** ☐ Delete
NAME **LIEB, JAMES**
STREET ADDRESS **7900 ISLAND BLVD.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **AS** ☐ Delete
NAME **TORPEY, CARITE L**
STREET ADDRESS **7900 ISLAND BLVD.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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 **Co-C/T/D** ☒ Change ☐ Addition
NAME **Trump, Eddie**
STREET ADDRESS **7900 Island Blvd.**
CITY-ST-ZIP **North Miami Beach, FL 33160**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00 (305) 937-7823

Date

Daytime Phone #

CR2E034 (9/99)