

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90032 022 ***150.00

0194696

DOCUMENT # P0000064619

1. Entity Name
WILTON HOLDINGS, INC.

Principal Place of Business

Mailing Address

~~6450 SW 88TH ST.
 MIAMI FL 33156~~

~~6450 SW 88TH ST.
 MIAMI FL 33156~~

2. Principal Place of Business

7700 N. Kendall Dr.

3. Mailing Address

7700 N. Kendall Dr.

Suite, Apt. #, etc.

503

Suite, Apt. #, etc.

503

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

applied for.

Applied For

Not Applicable

Zip

33156

Country

Zip

33156

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURNS, NOEL
6450 SW 88TH ST.
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
BURNS, NOEL
 Street Address (P.O. Box Number is Not Acceptable)
7700 N. Kendall Dr.
suite # 503
 City **Miami** **FL** Zip Code **33156**

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 *Noel Burns* **NOEL BURNS** **4/5/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, NOEL 6450 SW 88TH ST. MIAMI FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BURNS, NOEL 7700 N. Kendall Dr. Suite 503 MIAMI, FL. 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Noel Burns* **NOEL BURNS** **4/5/01** **(305) 274-0333**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)