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2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ar

Feb 07, 2002 8:00 am **Secretary of State** DOCUMENT # P01000031379 1. Entity Name 02-05-2002 90137 006 ***158.75 WAITANGI FLORIDA, INC. 02-07-2002 90313 040 ***158.75 Principal Place of Business Mailing Address THERREL BAISDEN, P.A. THERREL BAISDEN, P.A. SUNTRUST INTL. CNTR., 1 SE 3RD AVE., #2400 SUNTRUST INTL. CNTR., 1 SE 3RD AVE., #2400 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 51-2305786 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEUERMAN, JONATHAN Street Address (P.O. Box Number is Not Acceptable) THERREL BAISDEN, P.A. SUNTRUST INTL. CNTR., 1 SE 3RD AVE., #2400 **MIAMI FL 33131** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition Change TITLE □ Delete TITLE NAME NAME ENTWISTLE, ROBERTA STREET ADDRESS STREET ADDRESS C/O SUNTRUST INTL. CNTR., 1 SE 3RD AV 2400 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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