

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000053533****1. Entity Name**
WONDERLY HOLDINGS, INC.**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90182 026 ***158.75

0240750 AV

Principal Place of Business**260 CRANDON BLVD.**
SUITE 26
KEY BISCAYNE FL 33149**Mailing Address****260 CRANDON BLVD.**
SUITE 26
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number**65-0512036**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****CORDOBA, MARIA C.**
260 CRANDON BLVD
SUITE 26
KEY BISCAYNE FL 33149

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

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, 2002 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****TITLE**
P
CORDOBA, ALFONSO ☐ Delete
260 CRANDON BLVD., #26
KEY BISCAYNE FL 33149**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
VPS
GOOD, MARIA C
260 CRANDON BLVD., #26
KEY BISCAYNE FL 33149**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
DVP
GOOD, SIDNEY
260 CRANDON BLVD SUITE 26
KEY BISCAYNE FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
DVP
CORDOBA, VIRGINIA
260 CRANDON BLVD SUITE 26
KEY BISCAYNE FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
DVP
CORDOBA, CECILIA
260 CRANDON BLVD SUITE 26
KEY BISCAYNE FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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:****MARIA C. CORDOBA GOOD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/2002

(305) 361-9800

Date

Daytime Phone #

CR2E034 (9/01)