

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00-90201-035-\$150.00-\$150.00

DOCUMENT # P99000023126

1. Entity Name

WEITNAUER DUFREPEX, INC.

FILED

00 JUN -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801

200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801-1956

2. Principal Place of Business

10300 N.W. 19th St.

3. Mailing Address

P.O. Box 226170

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

59-2456750

Applied For

Not Applicable

Zip

33172

Country

Zip

33122-6170

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801

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

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: D
NAME: HENDRY, ROBERT R.
STREET ADDRESS: 200 E. ROBINSON ST. STE. 500
CITY-ST-ZIP: ORLANDO FL 32801 Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D/C Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: P/D Change Addition
NAME: GONZALEZ, JOSE
STREET ADDRESS: 10300 NW 19th Street, Suite 114
CITY-ST-ZIP: Miami, FL 33192

TITLE: VP/S/D Change Addition
NAME: APONTE, JOSE
STREET ADDRESS: 10300 NW 19th Street, Suite 114
CITY-ST-ZIP: MIAMI, FL 33192

TITLE: VP/T/D Change Addition
NAME: COHEN, LOUIS
STREET ADDRESS: 10300 NW 19th Street, Suite 114
CITY-ST-ZIP: Miami, FL 33192

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

Date

Daytime Phone #

Louis COHEN

4/12/00

305-591-1263

CR2E034 (9/99)

SP