2002 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2002 8:00 am Secretary of State P99000029969 **DOCUMENT #** 1. Entity Name W.P. TRADING CORP OF MIAMI 02-01-2002 90004 025 ***150.00 Mailing Address Principal Place of Business 15265 S.W. 140 STREET 15265 S.W. 140 STREET MIAMI FL 33196 MIAMI FL 33196 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0917456 Not Applicable \$8.75 Additional _ Zip _ _ _ Country , Country 5. Certificate of Status Desired Fee Required ----7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, WAYNE Street Address (P.O. Box Number is Not Acceptable) 15265 S.W. 140 STREET **MIAMI FL 33196** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE □ Delete TITLE PEREZ, WAYNE NAME NAME 15265 SW 140TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE 1.30 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 of tristee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered

changed, or on an attachme

SIGNATURE:

FILED