## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P0000052784 1. Entity Name RICK WOLF ENTERPRISES, INC. 04-20-2001 90009 004 \*\*\*150.00 Principal Place of Business Mailing Address 3900 NW 79TH AVENUE SUITE 326 3900 NW 79TH AVENUE SUITE 326 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 11550 WILES RD DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Coral Springs 65-1012332 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 330 67 Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard WOLF CERRO, RAQUEL Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79TH AVENUE SUITE 326 **MIAMI FL 33166** 1.7 # N.W Street 10768 Zip Code 33*071* 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) 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE □ Delete Richard Wolf CERRO, RAQUEL NAME NAME 3900 NW 79TH AVENUE SUITE 326 STREET ADDRESS 10768 N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** ☐ Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE -☐ Change ■ Addition TITLE : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

4-1401

954) 752 1466

Daytime Phone #