## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2001 8:00 am **DOCUMENT # 307193 Secretary of State** WILBUR ENTERPRISES, INC. 01-24-2001 90018 028 \*\*\*150.00 Principal Place of Business Mailing Address 10820 N W 7TH AVE 10820 N W 7TH AVE MIAMI FL 33168 MIAMI FL 33168 607476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-1153899 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUPP, PAUL L Street Address (P.O. Box Number is Not Acceptable) 10820 NW 7TH AVENUE **MIAMI FL 33168** 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 Fiorida SIGNATURE. Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSD** TITLE XX Delete TITLE WILBUR, BLAIR K. NAME STREET ADDRESS % 10820 NW 7TH AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33168** CITY-ST-ZIP XXX Change ☐ Delete TITLE ■ Addition RUPP, PAUL L RUPP; PAUL-L. NAME NAME~ % 10820 NW 7TH AVENUE STREET ADDRESS STREET ADDRESS 2 10820 NW 7th AVENUE CITY-ST-7IP **MIAMI FL 33168** CITY-ST-ZIP MIAMI, FL 33168 Change XXX Addition ☐ Defete TITLE V/S TITLE NAME NAME RUPP, LORI A. STREET ADDRESS STREET ADDRESS % 10820 NW 7th AVENUE CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33168 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change 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-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:

PAUL L. RUPP, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01 305-757-802

Daytime Phone #