

DOCUMENT # 367636

1. Entity Name

FRANK D. WALLBERG, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90047 001 ***150.00

Principal Place of Business

Mailing Address

PO BOX 610730
NORTH MIAMI FL 33261-0730PO BOX 610730
NORTH MIAMI FL 33261-0730

2. Principal Place of Business

2195 Seminole Shores

3. Mailing Address

P.O. Box 3988

Suite, Apt. #, etc.

Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

59-1299907

Applied For

Not Applicable

Zip
32963

Country

USA

Zip
32964

Country

USA

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

WALLBERG, FRANK D

13140 CORONADO DR

NORTH MIAMI FL 33181

2195 Seminole Shores Lane
Vero Beach, FL 32964

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 ☐ Delete

NAME RODRIGUEZ, MARIA M

STREET ADDRESS 13140 CORONADO DR

ST-ZIP N. MIAMI FL

ADDRESS ☐ Delete

ST-ZIP

ADDRESS ☐ Delete

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ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2195 Seminole Shores Lane
Vero Beach, FL 32963ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

ADDRESS ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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
 stated 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
 required, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Monique Rodriguez President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/00

Daytime Phone #

561-234-0032