

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90191 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #553190**

1. Entity Name  
**WISHEN ASSOCIATES, INC.**



Principal Place of Business

1800 N.E. 114 ST.  
SUITE 511  
MIAMI, FL 33181 US

Mailing Address

1800 N.E. 114 ST.  
SUITE 51  
MIAMI, FL 33181 US

2. Principal Place of Business

1800 N.E. 114 ST  
SUITE 511  
MIAMI, FL

3. Mailing Address

1800 N.E. 114 ST  
SUITE 511  
MIAMI, FL

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33181

Country

US

Zip

33181

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1806405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WISHEN, MILDRED  
1800 N.E. 114 ST.  
SUITE 51  
MIAMI, FL 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WISHEN, MILDRED  
STREET ADDRESS 1800 N.E. 114 ST. #511  
CITY-ST-ZIP MIAMI, FL 00000, 33181

TITLE SD ☐ Delete  
NAME LEVY, NAT  
STREET ADDRESS 1800 NE 114TH ST STE 511  
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mildred Wishen* MILDRED WISHEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

5/19/03

305-893-4559

Daytime Phone #

CR2E034 (10/02)