

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 564173

1. Entity Name

WETCO TRADING, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90085 002 \*\*\*150.00

Principal Place of Business

Mailing Address

9820 SW 77TH AVE  
PO BOX 560742/33156  
MIAMI FL 33156

9820 SW 77TH AVE  
PO BOX 560742/33156  
MIAMI FL 33156-2619

2. Principal Place of Business

3. Mailing Address

9820 S.W. 77TH AVE

9820 S.W. 77TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip 33156

Country

DADE

Zip 33156

Country

DADE

4. FEI Number

59-1784001

Applied For

Not Applicable

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

WESSELS, ROBERT E.

7525 SW 105 TERRACE  
MIAMI FL 33156

Name

WESSELS, ROBERT E.

Street Address (P.O. Box Number is Not Acceptable)

11511 S.W. 90TH STREET

City

MIAMI

FL

Zip Code

33176

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME WESSELS, ROBERT E.  
STREET ADDRESS 11511 S. W. 90 ST.  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Robert E. Wessels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2000

Date

Daytime Phone #

(305) 595-8009

TU-SAT

CR2E034 (9/99)