

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90158 050 \*\*\*150.00

**DOCUMENT # 652548**

1. Entity Name

**WENZEL INVESTMENT CO.**

Principal Place of Business

Mailing Address

80 SW 8TH ST., SUITE 2800  
 MIAMI FL 33130

80 SW 8TH ST., SUITE 2800  
 MIAMI FL 33130-3036

2. Principal Place of Business

**2801 FLORIDA AVENUE**

3. Mailing Address

**2801 FLORIDA AVENUE**

Suite, Apt. #, etc.

**STE. 14**

Suite, Apt. #, etc.

**STE. 14**

City & State

**COCONUT GROVE, FL**

City & State

**COCONUT GROVE, FL**

4. FEI Number

**59-2048913**

Applied For

Not Applicable

Zip

**33133**

Country

**USA**

Zip

**33133**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WENZEL, PETER**  
**1541 BRICKELL AVE APT 2806**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **PETER WENZEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2801 FLORIDA AVENUE**  
**SUITE 14**  
 City **COCONUT GROVE** FL Zip Code **33133**

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, type 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	WENZEL, PETER	80 SW 8TH ST., STE. 2800	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PETER WENZEL	2801 FLORIDA AVE, STE. 14	COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)