

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002851**

1. Entity Name

W.A., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business

% MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

Mailing Address

% MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062-8224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6274 NW 23rd Way
City Boca Raton, FL 33496

6274 NW 23rd Way
City Boca Raton, FL 33496

Zip

Country

Zip

Country

4. FEI Number

65-0801279

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACLEAN, LAURA G ESQ.
% MACLEAN AND EMA
2600 NE 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062

Name

Street



Paulette Howard
6274 NW 23rd Way
Boca Raton, FL 33496

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

Paulette Howard G.P.

4/10/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,100,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
ARTZT, KAREN
900 REDBUD TRAIL
AUSTIN TX 78746-3536

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
HOWARD, PAULETTE
6274 NW 23RD WAY
BOCA RATON FL 33496

STREET ADDRESS

CITY - ST - ZIP

000003238540-3

05/03/00 01146-018

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Paulette Howard G.P.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/2000

CR2E003 (5/99)