

2002 UNIFORM BUSINESS REPORT (UBR)

UN05594

DOCUMENT # **A99000000013**

1. Entity Name
WMC TWO PARTNERS, LTD.

FILED

02 MAR 15 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON FL 33431 | Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON FL 33431 |
|--|--|



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **65-0884961** Applied For
Not Applicable

Zip Country Zip Country

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

**WMC TWO EQUITY CORP.
2300 GLADES ROAD, SUITE 100E
BOCA RATON FL 33431**

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

9. Capital Contributions as Shown on record. **\$7,500.00** 10. Amount of Capital Contributions in FLORIDA to date. 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 | P99000000423 WMC TWO EQUITY CORP 2300 GLADES ROAD, SUITE 100E BOCA RATON FL 33431 | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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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: *William R. Greenfield* 2/2/02 561-392-6662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)