

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

04-21-2003 91221 015 \*\*\*158.75

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

**DOCUMENT # F54969**



1. Entity Name  
**WRT, INC.**

Principal Place of Business  
 191 GIRALDA AVE  
 CORAL GABLES, FL 33134

Mailing Address  
 191 GIRALDA AVE  
 CORAL GABLES, FL 33134

11005636



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-2146244

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

BRICKELL REGISTERES AGENTS INC  
 100 N BISCAYNE BLVD  
 STE 1810  
 MIAMI, FL 33132

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 \$160.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	MARSTON, GERALD C.	
STREET ADDRESS	191 GIRALDA ABE.	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOKWOOD, PAUL M	
STREET ADDRESS	260 S BROAD ST.	
CITY-ST-ZIP	PHILADELPHIA, PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRUETT, C. ALYN	
STREET ADDRESS	191 GIRALDA AVE	
CITY-ST-ZIP	CORAL GABLES, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, KATHLEEN	
STREET ADDRESS	1133 COLUMBIA ST.	
CITY-ST-ZIP	SAN DIEGO, CA 92101	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BENISCHEK, JOHN J.	
STREET ADDRESS	260 S. BROAD ST.	
CITY-ST-ZIP	PHILADELPHIA, PA	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERNSLER, JOHN E	
STREET ADDRESS	191 GIRALDA AVE	
CITY-ST-ZIP	CORAL GABLES, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: John J. Benischek  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 (215) 772-1485  
 Date Daytime Phone #

CR2E034 (10/02)