

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90151 002 ***150.00

DOCUMENT # F93000004569

1. Entity Name

WI HOLDINGS, INC.

Principal Place of Business

7900 ISLAND BLVD.
 NORTH MIAMI BEACH FL 33160
 US

Mailing Address

7900 ISLAND BLVD.
 NORTH MIAMI BEACH FL 33160-4906
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0441919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FINVARB, ROBERT I ESQ.
7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Alan Matus

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

7900 Island Boulevard

City

North Miami Beach

FL

Zip Code
33160

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	TRUMP, JULIUS	7900 ISLAND BLVD.	NORTH MIAMI BEACH FL	<input type="checkbox"/>
PD	TRUMP, EDDIE	7900 ISLAND BLVD.	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>
EVPD	MATUS, ALAN	7900 ISLAND BLVD.	NORTH MIAMI BEACH FL	<input type="checkbox"/>
EVPS	LIEB, JAMES	7900 ISLAND BLVD.	NORTH MIAMI BEACH FL	<input type="checkbox"/>
AS	TORPEY, CARITE L	7900 ISLAND BLVD.	NORTH MIAMI BEACH FL 33160	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Co-C/T/D	Trump, Eddie	7900 Island Blvd.	North Miami Beach, FL 33160	<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"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

(305) 937-7823

Daytime Phone #

CR2E034 (9/99)