

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

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AV

03-17-2003 90090 014 ***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
US**



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATUS, ALAN
7900 ISLAND BOULEVARD
NORTH MIAMI BEACH FL 33160**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
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	C	<input type="checkbox"/> Delete
NAME	TRUMP, JULIUS	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	TRUMP, EDDIE	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	MATUS, ALAN	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	LIEB, JAMES	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TORPEY, CARITE L	
STREET ADDRESS	7900 ISLAND BLVD.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
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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STREET ADDRESS		
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: **SIGNATURE REQUIRED** (305) _____ (305) 937-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)