FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90110 044 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001580

Entity Name

WI Development, Inc.

Principal Place of Business | Mailing Address

462

727

Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0478767 ☐ 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
Alan Matus 7900 Island Boulevard N. Miami Beach, FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW! FILE IS SAVED. After MAY 1, 2000 Fee will be $400.00. Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DPS Matus, Alan 7900 Island Blvd., NMB, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP ☐ Change ☐ Addition
V Lieb, James M. 7900 Island Blvd., NMB, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY- ST-ZIP ☐ Change ☐ Addition
AS Torpey, Carite 7900 Island Blvd., NMB, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST- ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 4/25/00 (305)937-7873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #