

# 2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # F95000004322

1. Entity Name

WTN, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90013 050 \*\*\*150.00

Principal Place of Business

87-14 116TH STREET  
RICHMOND HILL NY 11418

Mailing Address

87-14 116TH STREET  
RICHMOND HILL NY 11418-2426

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3157473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEEGAN, ALBINA  
5873 S.W. CIRCLE PLACE  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

INGRID BLAU

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

44 COCOANUT ROW

City

PALM BEACH

FL

Zip Code

33480

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

*Ingrid Blau*  
Signature, typed or printed name of registered agent and title if applicable.

INGRID BLAU  
DIR. SALES FLA.

JAN 20, 2000

(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. ☐

**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 PCT ☐ Delete  
NAME MEEGAN, EDWARD J  
STREET ADDRESS 44 COCOANUT ROW  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE VSVC ☐ Delete  
NAME WILSON, IRIS  
STREET ADDRESS 8 CHIPPEWA COURT  
CITY-ST-ZIP SUFFERN NY 10901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, the empowered.

SIGNATURE:

*Edward J. Meegan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 20, 2000

800 472 6699

CR2E034 (9/99)