## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # F95000005939 1. Entity Name WASIX REALTY CORPORATION 01-25-2000 90045 015 \*\*\*150.00 Mailing Address Principal Place of Business 6634 NW 25TH WAY 6634 NW 25TH WAY BOCA RATON FL 33496-2020 BOCA RATON FL 33496-2020 8869000 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 61-6029314 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEANNE, WASSERMAN Street Address (P.O. Box Number is Not Acceptable) 6634 NW 25TH WAY **BOCA RATON FL 33496** Zip Code FL 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. STANLEY WASSERMAN (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. DCS ☐ Delete TITLE Addition TITLE WASSERMAN, JEANNE S NAME NAME STREET ADDRESS STREET ADDRESS 6634 NW 25TH WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition TITLE ☐ Change ☐ Delete TITLE STANLEY, WASSERMAN NAME NAME STREET ADDRESS STREET ADDRESS 6634 NW 25TH WAY CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.