

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91276

1. Entity Name

THE WONDERFUL FAMILY USA, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90065 003 \*\*\*150.00

Principal Place of Business

Mailing Address

25778 US HWY 19 N  
CLEARWATER FL 33763  
US

25778 US HWY 19 N  
CLEARWATER FL 33763-2039  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2396189

Applied For

Not Applicable

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

MCDANIELS, MARGEE  
301 ELDRIDGE ST.  
CLEARWATER FL 33755

Name KARIN WEI

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

1802 Weatherstone Dr

City

Safety Harbor

FL

Zip Code

34695

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

KARIN WEI, Pres

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

(NOTE: Registered Agent signature required when reinstating)

2/23/00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☒ Delete

NAME MCDANIELS, MARGEE  
STREET ADDRESS 301 ELDRIDGE ST.  
CITY-ST-ZIP CLEARWATER FL

TITLE DPST ☐ Delete

NAME WEI, KARIN  
STREET ADDRESS 2729 BELLE HAVEN DR.  
CITY-ST-ZIP CLEARWATER FL

TITLE  ☐ Delete

NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete

NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 727-297-8989  
Date Daytime Phone #

CR2E034 (9/99)