

# 2000 UNIFORM BUSINESS REPORT (UBR)

0211501

DOCUMENT # G99931

1. Entity Name

THE WOLFSON INITIATIVE CORPORATION

FILED

00 APR 21 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2318 NE 2ND ST.  
MIAMI FL 33137

Mailing Address  
2318 NE 2ND CT  
MIAMI FL 33137-4506  
US

2. Principal Place of Business

21 SE 1st Avenue

3. Mailing Address

21 SE 1st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#900

#900

City & State

City & State

Miami, Florida

Miami, Florida

4. FEI Number

59-2400965

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

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

DATORRE, ZOILA  
2318 NE 2ND CT  
MIAMI FL 33137

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.

SIGNATURE

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

(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.  
(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 PD  
NAME WOLFSON, MITCHELL JR.  
STREET ADDRESS 2318 NE 2ND CT  
CITY-ST-ZIP MIAMI BEACH FL 33137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

500003230685-9  
-05/01/00--01020--024  
\*\*\*\*158.75 \*\*\*\*158.75

TITLE D  
NAME DATORRE, ZOILA  
STREET ADDRESS 2318 NE 2ND CT  
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME LEONARD, COMAN C  
STREET ADDRESS 2318 NE 2ND CT  
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

305-573-0584

Daytime Phone #

CR2E034 (9/99)