

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24184

1. Entity Name
WEITNAUER AMERICA, INC.

Principal Place of Business
C/O ROBERT R. HENDRY
10300 NW 19TH STREET STE 114
MIAMI FL 33172

Mailing Address
C/O ROBERT R. HENDRY
PO BOX 226170
MIAMI FL 33122-6170

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 59-2456750

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

FLORIDA CORPORATE SUPPORT INC
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 32801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DC HENDRY, ROBERT R. 200 E. ROBINSON ST, SUITE 500 ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, JOSE 10300 NW 19TH STREET, STE #114 MIAMI FL 33192	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD APONTE, JOSE 10300 NW 19TH STREET, STE #114 MIAMI FL 33192	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, LOUIS 10300 NW 19TH STREET, STE #114 MIAMI FL 33192	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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]* 1/12/2001 305-5911763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90059 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



IMPORTANT

CHANGE OF MAILING ADDRESS!

**Effective immediately, please mail all correspondence,
payments, and invoices to our P. O. Box:**

P. O. Box 226170

Miami, FL 33122-6170

**Please update your records with this information. If you have any
questions, please call (305) 591-1763**