2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90070 022 ***150.00

DOCUMENT # H24184

1. Entity Name
WEITNAUER AMERICA, INC.

Principal Place of Business	Mailing Address
C/O ROBERT R. HENDRY 10300 NW 19TH STREET STE 114 MIAMI FL 33172	C/O ROBERT R. HENDRY PO BOX 226170 MIAMI FL 33122-6170

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	P/A → ☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, JOSE 10300 NW 19TH STREET, STE #114 MIAMI FL 33192	☐ Delete	☒ Change MIAMI, FL 33172	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD APONTE, JOSE 10300 NW 19TH STREET, STE #114 MIAMI FL 33192	☐ Delete	VD ☒ Change MIAMI, FL 33172	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COHEN, LOUIS 10300 NW 19TH STREET, STE #114 MIAMI FL 33192	☒ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD OTAOLA, LUIS 10300 NW 19TH STREET, STE #114 MIAMI, FL 33172 ☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S MOORE, PATRICIA 10300 N.W. 19 STREET, STE #114 MIAMI, FL 33172 ☐ Change	☒ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNED 1/20/03 305-591-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)