

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43235

1. Entity Name

W. M. ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 8:51

Principal Place of Business

Mailing Address

C/O GATLIN, SAXON, TUTTLE AND EVANS, P.A.
169 EAST FLAGLER STREET, #1700
MIAMI FL 33131

2961B DAY AVENUE
MIAMI FL 33133-7203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2749310

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, JAMES C ESQ.
1700 ALFRED I. DUPONT BUILDING
169 EAST FLAGLER STREET
MIAMI FL 33131

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 Delete
NAME **PD**
STREET ADDRESS **RIGAUD, GINETTE S**
CITY-ST-ZIP **13500 S.W. 69TH AVENUE**
MIAMI FL 33156

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VTD**
STREET ADDRESS **SICLAIT, JEAN R**
CITY-ST-ZIP **13500 S.W. 69TH AVENUE**
MIAMI FL 33156

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

000003164940-03
-03/10/00-01030-004
****600.00 ****150.00

TITLE Delete
NAME **STD**
STREET ADDRESS **SICLAIT, EDOUARD**
CITY-ST-ZIP **13500 S.W. 69TH AVENUE**
MIAMI FL 33156

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ASD**
STREET ADDRESS **SICLAIT, JOSETTE L**
CITY-ST-ZIP **13500 S.W. 69TH AVENUE**
MIAMI FL 33156

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **SICLAIT, HENRY**
CITY-ST-ZIP **13500 SW 69TH AVENUE**
MIAMI FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 2/17/00

(800) 753 7050

[Handwritten Initials] 3/3

CR21E034 (9/99)