

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H43235

1. Entity Name

W. M. ASSOCIATES, INC.

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90222 001 \*\*\*300.00

Principal Place of Business

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

Mailing Address

2961B DAY AVENUE  
MIAMI FL 33133  
US

38762



DO NOT WRITE IN THIS SPACE

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SICLAIT, HENRY  
STREET ADDRESS 13500 SW 69TH AVENUE  
CITY-ST-ZIP 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 #

CR2E034 (10/00)