

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90205 023 \*\*\*150.00

**DOCUMENT # J07055**

1. Entity Name  
**WILISCH-HUTTOE & ASSOCIATES, INC.**



Principal Place of Business  
**1500 SAN REMO  
STE 110  
CORAL GABLES FL 33146  
US**

Mailing Address  
**5805 SAN VICENTE STREET  
CORAL GABLES FL 33146  
US**

2. Principal Place of Business

**3109 Ponce De Leon Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**CORAL GABLES, FLA**

City & State

4. FEI Number **59-2663149**

Applied For

Not Applicable

Zip **33146** Country **USA**

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

**WILISCH, JACQUELINE H  
6406 SW 100 TERR 5805 San Vicente Street  
MIAMI FL 33150 Coral Gables, FL 33146**

Name **JACQUELINE HUTTOE**  
Street Address (P.O. Box Number is Not Acceptable) **5805 SAN VICENTE ST.**  
City **CORAL GABLES** FL Zip Code **33146**

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

**1-3-03**

**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 **P** ☐ Delete  
NAME **HUTTOE-BOEN, JACQUELINE**  
STREET ADDRESS **5805 SAN VICENTE STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-3-03 305 445-3730**

CR2E034 (10/02)