

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

W.F.E., INC.

J80341

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90018 001 \*4,800.00

10681

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Broad and Cassel  
7777 Glades Road  
Suite 300  
Boca Raton, FL 33434

Mailing Address

Broad and Cassel  
7777 Glades Road  
Suite 300  
Boca Raton, FL 33434

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEE Number  
98-0085260

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Jeffrey A. Deutch  
7777 Glades Road, Suite 300  
Boca Raton, FL 33434

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.

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
Pomerantz, Saul  
8600 Decarie Blvd., Ste. 200  
Town of Mount Royal, QC

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TVD  
Gattinger, Franklin J.  
8600 Decarie Blvd., Ste. 200  
Town of Mount Royal, QC

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RASD  
Raphael Esposito Dr.  
8600 Decarie Blvd Ste 200  
Mount Royal (QC)

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.04.24

Date

514-3478600

Daytime Phone #

CR2E034 (9/99)