

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90047 024 ***150.00

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DOCUMENT # **K32661**

1. Entity Name
WAYNE BLACK & ASSOCIATES, INC.



Principal Place of Business 1100 LEE WAGENER BLVD. #320 FT LAUDERDALE FL 33315 US	Mailing Address 1100 LEE WAGENER BLVD. #320 FT LAUDERDALE FL 33315 US
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CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 6135 NW 167 street Suite, Apt. #, etc. E-26	3. Mailing Address 6135 NW 167 street Suite, Apt. #, etc. E-26
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City & State MIAMI, FL	City & State MIAMI, FL
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4. FEI Number 65-0071464	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Country DADE	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BLACK,, WAYNE B
1100 LEE WAGENER BLVD.
#320
FT LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent
Name **BLACK, WAYNE B**
Street Address (P.O. Box Number is Not Acceptable)
**6135 NW 167 street
E-26**
City **MIAMI** FL Zip Code **33015**

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]* DATE **4-7-03**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BLACK, WAYNE B. 1100 LEE WAGENER BLVD. #320 FT LAUDERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BLACK, WAYNE B 6135 NW 167 ST E-26 MIAMI, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **PROSECUTOR WAYNE B. BLACK** DATE **4-7-03** DAYTIME PHONE # **305-825-6120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)