

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53651

1. Entity Name

WAKI EXPORTS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90175 037 ***150.00

Principal Place of Business

Mailing Address

BOX 14
BOCA RATON FL 33431
US

P.O. BOX 3
BOCA RATON FL 33429-0003
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0187291

Applied For

Not Applicable

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

KIRBY, WAYNE N.
2000 NE 4TH WAY
BOCA RATON FL 33431

Name

ANNE D GROVES

Street Address (P.O. Box Number is Not Acceptable)

2000 NE 4TH WAY

City

Boca Raton

FL

Zip Code

33431

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]
Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

17 April 2000

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 PSCT
NAME KIRBY, WAYNE N.
STREET ADDRESS 2000 NE 4TH WAY
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE DIRECTOR / Co. Secretary
NAME RUBY B. BRADLEY
STREET ADDRESS 2000 NE 4TH WAY
CITY-ST-ZIP BOCA RATON FL 33431

☒ Change

☒ Addition

TITLE Co. Secretary
NAME A. D. GROVES
STREET ADDRESS 2000 NE 4TH WAY
CITY-ST-ZIP BOCA RATON FL 33431

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 April 2000

CR2E034 (9/99)