

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90001 031 ***150.00

DOCUMENT # K70547

1. Entity Name
WLMC REGISTERED AGENTS, INC.

Principal Place of Business Mailing Address
 BRICKELL AVE., SUITE 2000 C/O SATURNINO LUCIO
 FL 33131 701 BRICKELL AVE., SUITE 2000
 MIAMI FL 33131-2834

912120



DO NOT WRITE IN THIS SPACE

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 **65-0089263** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LUCIO, SATURNINO
701 BRICKELL AVE
SUITE 2000
MIAMI FL 33131

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	VD	<input type="checkbox"/> Delete
NAME	STIPHANY, GARY T	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	LUCIO, SATURNINO E.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MANDLER, JEFFREY L.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DMV	<input type="checkbox"/> Delete
NAME	BRONSTEIN, PETER E.	
STREET ADDRESS	701 BRICKELL AVE, #2000	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GARBETT, DAVID S	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ELIO	
STREET ADDRESS	701 BRICKELL AVE #2000	
CITY-ST-ZIP	MIAMI FL 33131	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ADD "DIRECTOR"	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ADD "SECRETARY"	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] VP Date: 1/4/2000 (305) 579-0012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)