LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033503

1. Entity Name

WPB BUILDING, LLC



FILED Mar 03, 2003 8:00 am Secretary of State

Applied For Not Applicable

\$5.00 Additional Fee Required

03-03-2003 90010 015 ****55.00

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		·	3. Mailing Address	ness	2. Principal Place of Busin					
DO NOT WRITE IN THIS SPACE			same Suite, Apt. #, etc.	3501 Commerce Parkway Suite, Apt. #, etc.						
4. FEI Number 60-00-363196-82-1	"-		City & State	L 33025	City & State Miramar, F					
5. Certificate of Status Desired Fee R		Country .	Zip	Country B rowar d	33025					
7. Name and Address of Current Registered Ager	7. Nam									
n Kirsner P.O. Box Number is Not Acceptable)				O NOT WI	PT 6 T SATE OF THE SALES OF THE SALES					
L Commerce Parkway	01 Cc	350	ACE	N THIS SP	l II					

City Miramar FL Zip Code 33025

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, typed or printed name of registered agent and til

2-26-03 DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

	MANAGEN ON THE PERSON AND A CERTS	BUE BI MAI I	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS Irwin Kirsner, Manager 3501 Commerce Parkway Miramar, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Vicki L. Kirsner 3501 Commerce Parkway	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miramar, FL 33025	TITLE NAME STREET ADDRESS CRIYY-ST-2IP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-21P	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADORESS CITY-ST-11F	20 119 07(3Vi) Florida Statutes I further certify that the information

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Vicki I. Kirsner, Manager

2/26/02

<u>(954) 785-32</u>12