

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06476

1. Entity Name

WAMCO INC.

Principal Place of Business

C/O ISAIAS MOLANO
800 NW 72ND ST.
MIAMI FL 33150

Mailing Address

C/O ISAIAS MOLANO
800 NW 72ND ST.
MIAMI FL 33150

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

65-0135686

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

ZAMBRANO, MONICA L
800 NW 72ND STREET
MIAMI FL 33150

Name

ZAMBRANO, MONICA L

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

800 NW 72 ST

MIAMI

33150

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

Monica Zambrano

MONICA ZAMBRANO

8-17-2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PDS ☐ Delete
NAME MOLONO, MONICA
STREET ADDRESS 800 NW 72ND ST.
CITY-ST-ZIP MIAMI FL 33150

TITLE PDS ☒ Change ☐ Addition
NAME ZAMBRANO, MONICA L
STREET ADDRESS 800 NW 72ND ST
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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:

Monica Zambrano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-2000

Date

(305) 696 7130

Daytime Phone #

FILED
00 SEP 25 AM 11: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

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