

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **236149**

1. Entity Name

WENINVEST, INC.

Principal Place of Business

Mailing Address

20801 BISCAYNE BLVD

2. Principal Place of Business

3. Mailing Address

20801 BISCAYNE BLVD

20801 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

505

505

City & State

City & State

AVENUE FL

AVENUE FL

Zip

Country

Zip

Country

33180 DADE

33180 DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

98-0106276

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

MITCHELL T. MCGRAE
3003 S. STATE RD
7
4 ALLANDALE, FL 33428

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

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 \$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 **20801 BISCAYNE BLVD** ☐ Delete
NAME **20801 BISCAYNE BLVD**
STREET ADDRESS **20801 BISCAYNE BLVD**
CITY-ST-ZIP **4 ALLANDALE, FL 33309**

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

TITLE **20801 BISCAYNE BLVD** ☐ Delete
NAME **20801 BISCAYNE BLVD**
STREET ADDRESS **20801 BISCAYNE BLVD**
CITY-ST-ZIP **4 ALLANDALE, FL 33309**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

Daytime Phone #

CR2E034 (9/99)