

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90045 038 ***150.00

DOCUMENT # L90662

1. Entity Name
EVELYN F. WANDER, INC.

Principal Place of Business
C/O EVELYN F. WANDER
18460 N.E. 23RD COURT
NORTH MIAMI BEACH FL 33160

Mailing Address
C/O EVELYN F. WANDER
18460 N.E. 23RD COURT
NORTH MIAMI BEACH FL 33160

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
65-0212134

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANDER, EVELYN F.
18460 N.E. 23RD COURT
NORTH-MIAMI BEACH FL 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Evelyn F. Wander* N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE *9/18/02*

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, 2002 Fee 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D WANDER, EVELYN F. STREET ADDRESS 18460 NE 23RD CT CITY-ST-ZIP N. MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Evelyn F. Wander*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/02 305 933 4907

CR2E034 (4/02)

Attachment 873312
Doc. # L90662

Evelyn F Wander Inc

18460 NE 23 Ct
North Miami Beach FL 33160

.....
305-933-4907
.....

September 19, 2002

Division of Corporations

~~Uniform Business Report Filings~~

PO Box 1500

Tallahassee FL 32302-1500

Re: L90662

Dear Divison of Corporations:

Due to health reasons, my husband and I had to temporarily relocate to WV to be near family for assistance. We both had to have major surgery, and had no one in Florida to assist us. My neighbor would send some of my mail to me in WV. Just this week she forwarded the business report showing my filing fee for my corporation had not been received. This is the first form I've received from her for this. I have always paid my filing fee on time in the past.

I am enclosing a check in the amount of \$150.00 and respectfully request that you waive any late fees and reinstate me for this usual filing fee amount. I have had my corporation for a long time, and wish to continue doing business under this corporation. Thank you very much for your consideration.

Very truly yours,

Evelyn F Wander

Evelyn F Wander