2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002558

1. Entity Name

WB ACQUISITION LLC

FILED

01 JUL 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE. SUITE 3000 MIAMI FL 33131	701 BRICKELL AVENUE. SUITE 3000 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
13165 N.W. 45th Avenue	13165 N.W. 45th Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State	4. FEI Number	Applied For
Miami FL.	Miami, FL.	65-0293375	Not Applicable

Zip 33054	Country	Zip 33054	Country	5. Certificate of Status Desired	☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE **MGR** NAME **DIAZ, FAUSTO G** STREET ADDRESS **701 BRICKELL AVE., SUITE 3000** CITY-ST-ZIP **MIAMI FL 33131**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGR** NAME **DIAZ, ROSA M** STREET ADDRESS **701 BRICKELL AVE., SUITE 3000** CITY-ST-ZIP **MIAMI FL 33131**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 900004507849---1 -07/30/01--01120--009 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

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: _SIGNATURE REQUIRED_   7/10/01   305-887-0757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #