

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90004 045 ****55.00

DOCUMENT # L99000002558

1. Entity Name

WB ACQUISITION LLC

Principal Place of Business

13165 N.W. 45TH AVE.
 MIAMI FL 33054

Mailing Address

13165 N.W. 45TH AVE.
 MIAMI FL 33054

2. Principal Place of Business

9330 N.W. 110th Ave

Suite, Apt. #, etc.

3. Mailing Address

9330 N.W. 110th Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

Zip

33178

Country

4. FEI Number

65-0293375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE., SUITE 3000
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **DIAZ, FAUSTO G**
 STREET ADDRESS **701 BRICKELL AVE., SUITE 3000**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☐ Delete
 NAME **DIAZ, ROSA M**
 STREET ADDRESS **701 BRICKELL AVE., SUITE 3000**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9330 N.W. 110th Ave**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9330 N.W. 110th Ave**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/02

Date

305-887-0797

Daytime Phone #

CR2E083 (9/01)