

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006976

Entity Name

WAFI PARTNERS L.L.C.

FILED

01 APR -9 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6727 126th Ave. N.
LARGO . FL 33773

Mailing Address
6727 126th Ave. N.
LARGO . FL 33773

2. Principal Place of Business
6727 126th Ave N.

3. Mailing Address
6727 126th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LARGO

City & State

FL

City & State

LARGO FL

Zip

33773

Country

Zip

33773

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

McCLURE, CHARLES A
1701 BOYSHORE BLVD SUITE 201
TAMPA FL 33606-2743

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

4/1/2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
XING YA DING
15373 ROOSEVELT BLVD #203
CLEARWATER FL 33760-3507

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
RICHARDSON WILLIAM
3035 HICKORY DRIVE
LARGO FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
McCLURE, CHARLES A
1701 BOYSHORE BLVD #201
TAMPA FL 33606-2743

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900004034339--5
-04/20/01--01016--011
*****55.00 ☒ Change *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4/1/2001

CR2E083 (1/100)