

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90237 046 \*\*\*\*50.00

**DOCUMENT # M01000000608**

1. Entity Name

**WEI FINANCIAL SERVICES LLC**

Principal Place of Business

**% CT SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Mailing Address

**% CT SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**51-0409257**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGR	GOETTLER, VAUGHN C	2 LANSING SQUARE, 12TH FLOOR	NORTH YORK, ONT., M2J 4P8	<input checked="" type="checkbox"/>	MGR	DOROTHY M. ABLES	5400 WESTHEIMER COURT	HOUSTON, TX 77056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	UNRUH, DAVID G	1333 WEST GEORGIA STREET	VANCOUVER, BC V6E 3K9	<input checked="" type="checkbox"/>	MGR	A. N. HARRIS	5400 WESTHEIMER COURT	HOUSTON, TX 77056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGR	WILSON, GRAHAM M	1333 WEST GEORGIA STREET	VANCOUVER, BC V6E 3K9	<input checked="" type="checkbox"/>	MGR	THOMAS C. O'CONNOR	5400 WESTHEIMER COURT	HOUSTON, TX 77056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Dorothy M. Ables**

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

7/2/02

Date

713/6274632

Daytime Phone #

CR2E083 (9/01)