

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90011 046 \*\*\*550.00

00068995

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** M65949

**1. Entity Name** WE B TREES CORP.

**Principal Place of Business** **Mailing Address**  
c/o Argelio Hernandez, Jr. c/o Argelio Hernandez  
18940 N. W. 63rd Ct. Cr. 18940 N. W. 63rd Ct. Cr.  
Miami, FL 33015 Miami, FL 33015

**2. Principal Place of Business** **3. Mailing Address**  
16234 60th Drive North 16234 60th Drive North  
Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State** **4. FEI Number** **Applied For**  
Delray Beach, FL Delray Beach, FL 65-0023683 Not Applicable  
**Zip** **Country** **Zip** **Country**  
33484 U.S.A. 33484 U.S.A.  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**  
Hernandez, Argelio, Jr. Name Louis P. Cowling  
18940 N.W. 63rd Ct. Cr. Street Address (P.O. Box Number is Not Acceptable)  
Miami, FL 33015 16234 60th Drive North  
City Delray Beach FL Zip Code 33484

**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**  **Louis P. Cowling** **6/30/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
(See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** **Trust Fund Contribution.**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> VD <input type="checkbox"/> Delete	<b>NAME</b> Cowling, Louis P.	<b>TITLE</b> PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Cowling, Louis P.
<b>STREET ADDRESS</b> 17320 N.W. 62nd Pl. S.	<b>CITY-ST-ZIP</b> Miami, FL	<b>STREET ADDRESS</b> 16234 60th Drive North	<b>CITY-ST-ZIP</b> Delray Beach, FL 33484
<b>TITLE</b> PD <input checked="" type="checkbox"/> Delete	<b>NAME</b> Hernandez, Argelio, Jr.	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b> 18940 N. W. 63rd Ct. Cr.	<b>CITY-ST-ZIP</b> Miami, FL	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> T?? <input type="checkbox"/> Delete	<b>NAME</b> Cowling, Judith Thomas	<b>TITLE</b> VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Cowling, Judith Thomas
<b>STREET ADDRESS</b> 17320 N.W. 6th Place S.	<b>CITY-ST-ZIP</b> Miami, FL	<b>STREET ADDRESS</b> 16234 60th Drive North	<b>CITY-ST-ZIP</b> Delray Beach, FL 33484
<b>TITLE</b> S <input checked="" type="checkbox"/> Delete	<b>NAME</b> Hernandez, Julia Ann	<b>TITLE</b> VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Cowling, Louis, Jr.
<b>STREET ADDRESS</b> 18940 N.W. 63 Ct. Cr.	<b>CITY-ST-ZIP</b> Miami, FL	<b>STREET ADDRESS</b> 5791 S. W. 178th Avenue	<b>CITY-ST-ZIP</b> Ft. Lauderdale, FL 33334
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:**  **Louis P. Cowling** **6/30/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment  
D#M65949  
00068905

Marcia H. Langley  
Tele: (561) 912-3204  
E-mail: langley@gtlaw.com

June 30, 2000

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

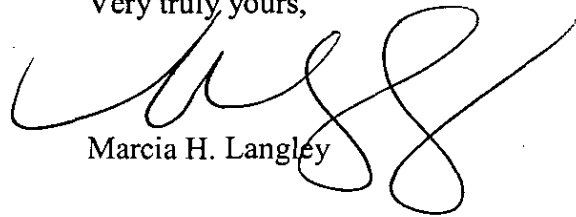
RE: WE BE TREES CORP., a Florida corporation

Gentlemen:

Enclosed is the Uniform Business Report for the Year 2000 for WE BE TREES CORP., a Florida corporation. Please note that a new Registered Agent has been appointed and changes have been made to the offices and directors. Additionally, enclosed is check No. 4959 in the amount of \$550.00 for the late payment of the annual fee for this corporation.

If you have any questions or comments please feel free to contact me.

Very truly yours,



Marcia H. Langley

MHL:gg  
Enclosure  
cc: Lou Cowling