

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001906

1. Entity Name
WEC 99I-13 LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 18 AM 10:02

Principal Place of Business **Mailing Address**

2. Principal Place of Business 15601 DALLAS PARKWAY Suite, Apt. #, etc. SUITE 400 City & State ADDISON, TX.		3. Mailing Address 15601 DALLAS PARKWAY Suite, Apt. #, etc. SUITE 400 City & State ADDISON, TX.	
Zip 75001	Country US	Zip 75001	Country US

4. FEI Number 75-2850533 **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

Name
THE - CORPORATION TRUST COMPANY
Street Address (P.O. Box Number is Not Acceptable)
440 East Jefferson St.
City Tallahassee FL Zip Code 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 OR MANAGER**

Date JUL 31 2000 **Daytime Phone #** (972) 361-5000

CR2E083 (1/199)