

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001474

1. Entity Name

WENDY'S MIAMI ADVERTISING CO-OP., INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90538 015 ****61.25

Principal Place of Business

P O Box 21463
Tampa FL 33622-1463
US

Mailing Address

P O Box 21463
Tampa FL 33622-1463
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3645183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ed Gonzalez
14834 S.W. 67th Lane
Miami, FL 33193

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

Ed Gonzalez

x

3-19-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ P
NAME Ed Gonzalez
STREET ADDRESS 14834 S.W. 67th Lane
CITY-ST-ZIP Miami FL 33193
☐ Delete

TITLE ☒ S/T
NAME Ken Loran
STREET ADDRESS 16860 S.W. 1ST MANDALAY
CITY-ST-ZIP PENSACOLA, FL 33027
☐ Delete

TITLE ☒ DIRECTOR
NAME RAUL DOMINGUEZ
STREET ADDRESS 12125 S.W. 46th AVE
CITY-ST-ZIP MIAMI, FL 33175
☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. ED GONZALEZ

3-19-01

CR2E037 (11/00)