

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

03-25-2002 90030 010 ****61.25

DOCUMENT # N00000005583

1. Entity Name

WIGINSUP DISTRIBUTORS, INC.

Principal Place of Business

662 N.E. 204TH LANE
 NORTH MIAMI BEACH FL 33179

Mailing Address

662 N.E. 204TH LANE
 NORTH MIAMI BEACH FL 33179

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

65-1035417

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

7. Name and Address of New Registered Agent

WIGGAN-WYNTER, DAHLIA
662 N.E. 204TH LANE
NORTH MIAMI BEACH FL 33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dahlia Wigner*

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

(NOTE: Registered Agent signature required when reinstating)

8/10/02
 DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **WYNTER, KALONJI**
 STREET ADDRESS **662 N.E. 204TH LANE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **D** ☐ Change ☒ Addition
 NAME **LORNA Fletcher**
 STREET ADDRESS **11013 SW 167th St**
 CITY-ST-ZIP **Miami, FL 33157**

TITLE **D** ☐ Delete
 NAME **WYNTER, JACHIN**
 STREET ADDRESS **662 N.E. 204TH LANE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **D** ☐ Change ☒ Addition
 NAME **Adama Wigner**
 STREET ADDRESS **662 NE 204th lane**
 CITY-ST-ZIP **N.M.B. FL 33179**

TITLE **D** ☒ Delete
 NAME **PEARL, JACK MD**
 STREET ADDRESS **3031 NE 30TH STREET APT 813**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 (Signature)

8/10/02

CR2E037 (4/02)