

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000462

1. Entity Name

W.O.M.B.S. INTERNATIONAL OF FLORIDA, INC.

Principal Place of Business

13093 S.W. 133 COURT
MIAMI FL 33186

Mailing Address

12885 S.W. 189 STREET
MIAMI FL 33177-3700

2. Principal Place of Business

12895 SW 189 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0375355

Applied For

Not Applied For

Zip 33177

Country USA

Zip 33177

Country

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

RIGGINS, BRENDA L
12885 S.W. 189 STREET
MIAMI FL 33177

Name Same

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RIGGINS, BRENDA L
STREET ADDRESS 12885 S.W. 189TH STREET
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

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

TITLE VPD
NAME RIGGINS, MARCUS A
STREET ADDRESS 12885 S.W. 189TH STREET
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

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

TITLE D
NAME LINGO, JEANINE
STREET ADDRESS 12885 S.W. 189TH STREET
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90021 011 ****61.25



DO NOT WRITE IN THIS SPACE

01-24-2000

01-24-2000 315 232-3340