

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90001 008 ****70.00

DOCUMENT # N92000000462

1. Entity Name

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

Principal Place of Business

12885 SW 189 STREET
 MIAMI FL 33177
 US

Mailing Address

12885 S.W. 189 STREET
 MIAMI FL 33177

2. Principal Place of Business

19504 SW 135 CT
 Suite, Apt. #, etc.

3. Mailing Address

19504 SW 135 CT
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, FL

4. FEI Number

65-0375355

Applied For

Not Applicable

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

RIGGINS, BRENDAL
 12885 S.W. 189 STREET
 MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

Riggins Brenda L

Street Address (P.O. Box Number is Not Acceptable)

19504 SW 135 CT

City

Miami

FL

Zip Code

33177

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/30/02

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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 CITY-ST-ZIP

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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

7/30/02 30563/3360

CR2E037 (4/02)