

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90148 026 ****70.00

DOCUMENT # N97000006109

1. Entity Name

WISH COME TRUE FOUNDATION, INC.

Principal Place of Business

**1270 SW 13TH DR
BOCA RATON FL 33486**

Mailing Address

**1270 SW 13TH DR
BOCA RATON FL 33486**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**PELICO, MAUREEN
1270 SW 13TH DR
BOCA RATON FL 33486**

4. FEI Number

31-1586054

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **PELICO, LOUIS S**
CITY-ST-ZIP **1270 SW 13TH DR
BOCA RATON FL 33486**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SILVER, DONALD**
CITY-ST-ZIP **2171 SW 117TH TERR
DAVIE FL 33325**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GUERRERO, MERYL**
CITY-ST-ZIP **8673 NW 57TH CT
CORAL SPRINGS FL 33067**

TITLE ☐ Delete
NAME **OP**
STREET ADDRESS **PELICO, MAUREEN**
CITY-ST-ZIP **1270 SW 13TH DR
BOCA RATON FL 33486**

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

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:

Maureen Pelico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01
Date

561-361-0105
Daytime Phone #

CR2E037 (10/00)