## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000005196

F-4:4 - No---- MAIGH EDIENDO OF COLUMNIEDA

FILED Jan 09, 2003 Secretary of State

**Entity Name:** WISH FRIENDS OF SOUTHERN FLORIDA, INC.

| Current Principal Place of Business:  |  |                                   |          | New Principal Place of Business:                                      |  |                     |                      |
|---|--|-----------------------------------|----------|---|--|---------------------|----------------------|
| 2901 STIRLING RD.,STE.210<br>#200   |  |                                   |          | 2901 STIRLING RD.,STE.208<br>FT. LAUDERDALE, FL 33312                 |  |                     |                      |
| FT. LAUDERDALE, FL 33312  |  |                                   |          |   |  |                     |                      |
| Current Mailing Address:  |  |                                   |          | New Mailing Address:  |  |                     |                      |
| 2901 STIRLING RD.,STE.210<br>#200   |  |                                   |          | 2901 STIRLING RD.,STE.208<br>FT. LAUDERDALE, FL 33312                 |  |                     |                      |
| FT. LAUDERDALE, FL 33312  |  |                                   |          |   |  |                     |                      |
| FEI Number:   | 65-0960968   | FEI Number Applied For ( )        | FEI Nun  | nber Not Appli  | cable ( )                                      | Certificate of S    | tatus Desired (X)    |
| Name and  | Address of C   | urrent Registered Agent:          |          | Name and  | Address of                                     | New Registere       | ed Agent:            |
| STROM, NANCY<br>2901 STIRLING RD.,STE.210<br>#200<br>FT. LAUDERDALE, FL 33312 |  |                                   |          | STROM, NANCY<br>2901 STIRLING RD.,STE.208<br>FT. LAUDERDALE, FL 33312 |  |                     |                      |
| The above<br>in the State   |  | submits this statement for the pu | ırpose o | f changing it   | s registered                                   | l office or registe | ered agent, or both, |
| SIGNATURE:  |  |                                   |          | 01/09/2003  |  |                     |                      |
|   | Electron   | ic Signature of Registered Ager   | nt       |   |  | Date                |                      |
| OFFICERS AND DIRECTORS:   |  |                                   |          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                          |  |                     |                      |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                   | D ()<br>KINGSLEY, LO<br>8551 W SUNRI<br>SUNRISE, FL 3  | SE BLVD # 203                     |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                           |  | ()Change ()Add      | ition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                   | D () GAGIC, CHRIS 18185 181 CIRC MIAMI, FL 331         | CLE S                             |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                           |  | ()Change ()Add      | ition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                   | D () DAVIS, GARY 7820 S.W. 170 MIAMI, FL 331           |                                   |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                           |  | ()Change ()Add      | ition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                   | D ()<br>DEMAR, STEVE<br>14305 S.W.74T<br>MIAMI, FL 331 | H AVE.                            |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                           | C<br>DEMAR, STE<br>14305 S.W.7<br>MIAMI, FL 33 | 4TH AVE.            | ition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                   | D ()<br>FRIEDLANDER<br>1412 S.W. 74TI<br>FT. LAUDERDA  | HAVE.                             |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                           | FRIEDLANDE<br>1412 S.W. 7                      |                     | ition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                                   | D ()<br>MORRIS, PATR<br>35 VENETIAN V<br>MIAMI BEACH,  | VAY,#E-11                         |          | Title:<br>Name:<br>Address:<br>City-St-Zip:                           |  | ()Change ()Add      | ition                |
|   |  |                                   |          |   |  |                     |                      |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE DEMAR C 01/09/2003