

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

0073074 AV

DOCUMENT # P0000008111

1. Entity Name
WONDERLAND RETAIL SALES, INC.

08-31-2001 90111 028 ***550.00

Principal Place of Business 2126 OKEECHOBEE BLVD WEST PALM BEACH FL 33409	Mailing Address 2126 OKEECHOBEE BLVD WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

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 05-0185110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BECKERMAN, DAVID M ESQ 1200 NORTH FEDERAL HIGHWAY SUITE 320 BOCA RATON FL 33432		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, LESLEY 2126 OKEECHOBEE BLVD WEST PALM BEACH FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAUL, EUGENE 2126 OKEECHOBEE BLVD WEST PALM BEACH FL 33409
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE PAUL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CRP2E084 (5/01)