## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #POODOO 8941 WALNET, INC.

## FILED Feb 27, 2002 8:00 am Secretary of State

02-27-2002 90064 034 \*\*\*150.00

020010

DO	NOT	WRITE	IN THIS	SPACE
----	-----	-------	---------	-------

	DO NOT WINTE	114 11110	UI AU	7					
2. Principal Place of Business 1428 BRICKELL AVENUE		3. Mailing Address 1428 BRICKELL AVENUE							
-		<del>                                     </del>		ZNOE	DO NOT WRITE IN THIS SPACE				
SUTAET TOS		Suit file 165							
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA				4. FEI Number Applied For 65 – 1035565 Not Applied ble			
33131	CountrySA	<sup>Zi</sup> 33131	Count	ÚSA	5. Certificat	e of Status Desired		8.75 Additional se Required	
					7. Name and	Address of Current	Registered A	gent	
•				Name					
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
				-Street Addres	ss (P.O. Box Nume	er-is-140t-Acceptable;	, <del></del>		
	IN THIS SP	ACE							
	•			City				Zip Code	
			,	Ony			FL	2:p 0000	
8. The above	e named entity submits this statement for	the purpose of chang	ing its registere	d office or regis	stered agent, or bo	oth, in the State of Flo	rida.		
SIGNATURE									
	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered	Agent signature requ	uired when reinstating)		OATE		
9. This corp	oration is eligible to satisfy its Intangible			1 Fee is \$150.00		lastian Compaign Fin	onoina	¢5.00	
Tax filing requirement and elects to do so.			After May 1, Fee is \$550.00 Amended UBR is \$61.25			lection Campaign Fina rust Fund Contribution	~ ~~	\$5.00 May Be Added to Fees	
_/See crite	ria on back)	Make Check			100 at 10			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11.	OFFICERS AND	DIRECTORS							
TITLE	P/D		TITLE					,	
NAME	HALPRYN, ERNEST M.		NAME						
STREET ADDRESS	1428 BRICKELL AVENUE	#105		T ADDRESS	, , , , , , , , , , , , , , , , , , ,				
CITY-ST-ZIP	MIAMI, FL 33131		CITY-	ST-ZIP					
TITLE	VP/D		ŢITLE	ŀ		. 4		ė.	
NAME	HALPRYN, GLENN L.		NAME		> 2	F		1	
STREET ADDRESS	1428 BRICKELL AVENUE	#105	#	T ADDRESS ST-ZIP	No.				
CITY-ST-ZIP	MIAMI, FL 33131	·			<del> </del>		<del> </del>	·	
TITLE	S		TITLE	ŧ					
NAME	HOERNER, JUDITH A.		NAME	T ADDRESS				<u> </u>	
STREET ADDRESS CITY-ST-ZIP	1428 BRICKELL AVENUE	#105		ST-ZIP	, D	O NOT	WRIT	E	
	MIAMI, FL 33131		TITLE		<del></del>	<del> </del>			
TITLE NAME	J		NAME		· · · II	N THIS S	SPAC	E	
STREET ADDRESS	WEISBERG, ALAN JAY	W 4.0 =		T ADDRESS					
CITY-ST-ZIP	1428 BRICKELL AVENUE MIAMI, FL 33131	#105		ST-ZIP		,		•	
TITLE	A\$		TITLE			<del></del>		·	
NAME	HURTADO, ELLISA		NAME				9	i e	
STREET ADDRESS	1428 BRICKELL AVENUE	#105		T ADDRESS		•			
CITY-ST-ZIP	MIAMI. FLORIDA 33131	<i>"</i> 100	CITY-	ST-ZIP		set .			
TITLE	VP/D		TITLE		2				
NAME	DE VECCHI, SERGIO M.		NAME			* . *			
STREET ADDRESS	1428 BRICKELL AVENUE			T ADDRESS			•	•	
CITY-ST-ZIP	MIAMI FLODIDA 33131		CITY-	ST-ZIP					

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 exemple this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 25, 2002

(305) 371-4112

Daytime Phone

CDCCCC