

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90056 035 \*\*\*150.00

DOCUMENT # 00000012576  
1. Entity Name  
WAHOO Bay Properties Inc.

**DO NOT WRITE IN THIS SPACE**

653365

2. Principal Place of Business  
626 NE 17th Way  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 030512  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ft Lauderdale FL

City & State  
Ft Lauderdale FL

Zip  
33304

Zip  
33303

4. FEI Number  
65-1079856

Applied For  
Not Applicable

8. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Lawrence O Rubel

Street Address (P.O. Box Number is Not Acceptable)  
626 NE 17th Way

City  
Ft Lauderdale FL

Zip Code  
33304

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. \*NOW Registered Agent signature required when reappointing.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so  (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Lawrence O Rubel 626 NE 17 WAY FT LAUDERDALE FL 33304	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Isabel S Rubel 626 NE 17 WAY FT LAUDERDALE FL 33304	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STANLEY B RUBEL 626 NE 17 WAY FT LAUDERDALE FL 33304	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

CR2E034B (12/01)