

6/19/0

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90009 035 \*\*\*150.00

06-27-2001 90004 015 \*\*\*400.00

**DOCUMENT # P00000028707**

1. Entity Name

**WADEC BUSINESSES, INC.**

Principal Place of Business

1581 BRICKELL AVE., STE. 1202  
MIAMI FL 33129

Mailing Address

1581 BRICKELL AVE., STE. 1202  
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0997464

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUERSANI-HARRINGTON, CARLOS  
1581 BRICKELL AVE., STE. 1202  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name CARLOS HARRINGTON

Street Address (P.O. Box Number is Not Acceptable)

1581 BRICKELL AVE., STE. 1202

City MIAMI

FL

Zip Code 33129

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LISCOVSKY, JORGE	
STREET ADDRESS	1581 BRICKELL AVE., STE. 1202	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO LISCOVSKY, LIDDIA MABEL	
STREET ADDRESS	1581 BRICKELL AVE., STE. 1202	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE		<input type="checkbox"/> Delete
NAME	CARLOS HARRINGTON	
STREET ADDRESS	1581 BRICKELL AVE., STE. 1202	
CITY-ST-ZIP	MIAMI, FL 33129	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D-P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D-S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 an other like empowered.

SIGNATURE: *Jorge Liscovsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)