

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000032667

1. Entity Name
2129 WASHINGTON, INC.

FILED

02 FEB 11 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4411 PINETREE DRIVE
MIAMI BEACH FL 33141

Mailing Address

% JERROLD WISH
1221 BRICKELL AVENUE
MIAMI FL 33131

2. Principal Place of Business

2129 Washington Ave

3. Mailing Address

245 N. Coconut Lane

Suite, Apt. #, etc.

Miami Beach

Suite, Apt. #, etc.

Miami Beach FL

City & State

FL

City & State

Miami Beach FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33139

Country

Miami-Dade

Zip

33139

Country

Miami-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAYFIELD, RICHARD
% JERROLD WISH
1221 BRICKELL AVENUE
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity sub-

use of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, type

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)

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FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LAYFIELD, RICHARD
STREET ADDRESS 4411 PINETREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33141

☐ Delete

TITLE VP
NAME Jerrold Wish
STREET ADDRESS 245 N. Coconut Lane
CITY-ST-ZIP Miami Beach, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

Daytime Phone #

CR2E034 (9/01)