

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90248 008 ***150.00

DOCUMENT # P00000051196

1. Entity Name

MARGARET LYNN WIELAND, PA

NIC
 FLD
 7/16/00
 AM

Principal Place of Business

3900 NW 79TH AVE.
 STE 326

MIAMI FL 33166

Mailing Address

3900 NW 79TH AVE
 STE 326

MIAMI FL 33166

C0067693

2. Principal Place of Business

2741 NE 12 ST

Suite, Apt. #, etc.

3. Mailing Address

2741 NE 12 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH FL 33062

City & State

POMPANO BEACH FL 33062

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RAQUEL CERRO

3900 NW 79TH AVENUE STE 326

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

MARGARET LYNN WIELAND

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

2741 NE 12 ST

POMPANO BEACH FL 33062

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

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 ☒ Delete
 NAME RAQUEL CERRO
 STREET ADDRESS 3900 NW 79TH AVE. STE 326
 CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME P MARGARET LYNN WIELAND
 STREET ADDRESS 2741 NE 12 ST
 CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☒ Change ☐ Addition
 NAME VP
 STREET ADDRESS THOMAS C. GORMAN
 CITY-ST-ZIP 2741 NE 12 ST
 POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 954-786-8580

CR2E034 (11/00)