2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000058461 1. Entity Name WC SERVICES INC. 04-27-2001 90249 014 ***150.00 Principal Place of Business Mailing Address 500 NORTHEAST 3RD STREET P.O. BOX 451886 FORT LAUDERDALE FL 33301 SUNRISE FL 33345-1886 645687 2. Principal Place of Business 3. Mailing Address 4751 4751 NW 21 ST Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4 FELNumber Applied For AUDGRHILL Florior -1017804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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, typed or printed name of registered agent and the if applicable (NCTF: Registered Agent signature required when reinstating) FILE NOWNI FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE Dolete THE CR2E034 (10/00) Change ■ Addition CUCU, DANIEL NAME STREET ADDRESS 500 NORTHEAST 3RD STREET STREE! ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP X Delete TITLE ☐ Change Addition NAME WATTS, ORBIE NAME STREET ADDRESS 500 NORTHEAST 3RD STREET STREET ADDRESS CITY ST-ZIP FORT LAUDERDALE FL 33301 CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIFLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change DILE Addition NAME VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), Florida Statutes. I further certify that the information te and that my signature shall have the same legal effect as if made under oath; that I am an officer or director e this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and according the corporation or the receiver or trustee empowered to exercise the corporation or the receiver or trustee empowered to exercise the corporation or the receiver or trustee empowered to exercise the corporation of the corporatio changed, or on an attachment with an address, with all other lil