

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000062986** ✓

1. Entity Name
Wywes, Inc.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90248 040 ***150.00

Principal Place of Business
5071 Sheridan Street
Hollywood, FL 33021

Mailing Address
2696 SW 183 Ave
MIRAMAR, FL 33029

A0065911

2. Principal Place of Business
5071 Sheridan Street

3. Mailing Address
2696 SW 183 Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, FL

City & State
MIRAMAR, FL

4. FEI Number
65-1023642

Applied For
☐ Not Applicable

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

Zip
33021 Country
USA Zip
33029 Country
USA

6. Name and Address of Current Registered Agent
CORPCO, Inc. a Florida Corporation
2699 South Bayshore Drive
7th Floor
Miami, FL 33133

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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ALTHEA WALKER
2696 SW 183 Ave
MIRAMAR, FL 33029

Vice President
NANCY LYNN
1951 NW 36th Street
Oakland Park, FL 33099

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: **Althea Walker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALTHEA WALKER, President

Date
4/22/01

Daytime Phone #
438-5573

CR2E034 (11/00)