

# 2001 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2  
PROCESSED  
AND  
FILED

DOCUMENT # P00000070183

1. Entity Name  
WAH WAH NYUNT INC.

**FILED**  
**Jul 18, 2001 8:00 A.M**  
**Secretary of State**

Principal Place of Business  
1747 CAPITAL CIR NE, #1424  
TALLAHASSEE FL 32308

Mailing Address  
1747 CAPITAL CIR NE, #1424  
TALLAHASSEE FL 32308

2. Principal Place of Business  
1900 SHELBY CT.  
Suite, Apt. #, etc.  
Tallahassee FL  
City & State  
32308

3. Mailing Address  
1900 SHELBY CT.  
Suite, Apt. #, etc.  
Tallahassee FL  
City & State  
32308



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HTWE, U  
1747 CAPITAL CIR NE, #1424  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent  
Name WAH WAH  
Street Address (P.O. Box Number is Not Acceptable)  
1900 SHELBY CT.  
Tallahassee FL 32308  
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 WAH WAH  
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: ☐ **FILE NOW!!! FEE IS \$550.00**  
After September 12, 2001 Fee will be \$750.00  
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P-11 HTWE (Manager)</del> 2600, Miccosukee Rd. #1105, Tallahassee, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004499400--2 -07/26/01--01007--014 *****3.75 *****3.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U HTWE 2600, Miccosukee Rd. #1105, Tallahassee, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.75- Cert	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE: SIGNATURE OF HTWE 07-18-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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07-10-01.

Dear Sir,

I am Wah Wah, Wah Wah Nyunt Inc.,  
The UBR. Dept. sent to me letter for second  
payment \$ 550.00. I already pay UBR first time  
\$ 155.00 (check no. 1677, Dated 02-20-01).  
I didn't receive reject letter and I think  
I don't need to pay second payment.

my Document is # P00000070183.

Yours sincerely,



(Wah Wah)

Wah Wah Nyunt Inc.