

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077445

1. Entity Name
WBTM, INC.

Principal Place of Business
13019 MAR STREET
CORAL GABLES FL 33156

Mailing Address
13019 MAR STREET
CORAL GABLES FL 33156

2. Principal Place of Business
2665 South Bayshore Drive
Suite, Apt. #, etc.
Suite 1006

3. Mailing Address
2665 South Bayshore Drive
Suite, Apt. #, etc.
Suite 1006

City & State
Coconut Grove, Florida

City & State
Coconut Grove, Florida

Zip
33133

Country
USA

Zip
33133

Country
USA

6. Name and Address of Current Registered Agent

LAMCHICK, BRUCE
9130 S. DADELAND BLVD.
SUITE 11011
MIAMI FL 33156

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LIPPMANK, WAYNE
13019 MAR STREET
CORAL GABLES FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Wayne D. Lippman
13019 mar Street
Coral Gables, FL 33156 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne D. Lippman

Date

Daytime Phone #

4/26/01 (305) 858-7707

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90222 039 ***158.75

B0044328



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)