

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90157 010 \*\*\*150.00

**DOCUMENT #** P00000077488  
**1. Entity Name**  
 WAHOO BAY DEVELOPMENT CORP

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
 626 NE 17 WAY  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 PO BOX 030512  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** FORT LAUDERDALE FL **City & State** FT LAUDERDALE FL **4. FEI Number** 05-1079370 **Applied For**  
 Not Applicable

**Zip** 33304 **Country** **Zip** 33303 **Country** **6. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** LAURENCE O RUBEL  
**Street Address (P.O. Box Number is Not Acceptable)**  
 626 NE 17 WAY  
**City** FORT LAUDERDALE FL **Zip Code** 33304

**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. (NONE) Registered Agent signature required when resending. **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)**  **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	LAURENCE O RUBEL 626 NE 17 WAY FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E0346 (12/01)

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **4/25/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Expires: None