

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90354 013 ***550.00

B0126388

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000078589
1. Entity Name
 WE INVESTMENT and REMODELING INC. (P)

Principal Place of Business
 633 NE 167 ST
 NMB FL 33162
Mailing Address
 20816 SW 86 AV
 MIAMI FL 33189

2. Principal Place of Business
 633 NE 167 ST
 Suite, Apt. #, etc. 305
3. Mailing Address
 20816 SW 86 AVENUE
 Suite, Apt. #, etc.

City & State
 MIAMI BEACH FL 33162
City & State
 MIAMI FL 33
Zip
 33162
Country
 DADC
Zip
 33189
Country
 DADC

4. FEI Number
 65-1037867
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ILFREUSE Stephen
 20816 SW 86 AVENUE
 MIAMI FL 33189

7. Name and Address of New Registered Agent
Name
 ILFREUSE Stephen
Street Address (P.O. Box Number is Not Acceptable)
 20816 SW 86 AVE
City
 Miami FL **FL** **Zip Code**
 33189

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] **06/19/02**
 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 PRES	NAME ILFREUSE Stephen	<input type="checkbox"/> Delete
STREET ADDRESS 20816 SW 86 AVENUE	CITY - ST - ZIP MIAMI FL 33162	
TITLE SECRETARY	NAME STALINA CINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 20816 SW 86 AV	CITY - ST - ZIP MIAMI FL 33189	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	
TITLE S	NAME ILFREUSE Stephen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 20816 SW 86 AVE	CITY - ST - ZIP MIAMI FL 33189	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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)(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] **06/18/02**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)