

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098279

1. Entity Name

WEPLIFE DESIGNS CO.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90291 018 \*\*\*150.00

C0051633



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

572 NW 74TH AVE.  
MIAMI FL 33126

572 NW 74TH AVE.  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

10361 Hammocks Blvd

572 NW 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

FL

4. FEI Number

65-1065391

Applied For

Not Applicable

Zip

Country USA

Zip

Country U.S.A

33196

miami Dade

33126

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, THAIS  
572 NW 74TH AVE.  
MIAMI FL 33126

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

*Thais Torres*

Thais Torres

4/14/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, THAIS	
STREET ADDRESS	572 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRES, NELSON J	
STREET ADDRESS	572 NW 74TH AVE.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Nelson J Torres*

Nelson J Torres

4-14-01

305-382-7882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)