

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 10, 2001 8:00 am
Secretary of State

03-27-2001 90042 009 ***150.00

DOCUMENT # P00000100415

1. Entity Name

WKL & ASSOCIATES, INC.

Principal Place of Business

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

130 N.E. 40th Street

Suite, Apt. #, etc.

Suite 9

City & State

Miami, Florida

Zip

33137

Country

U.S.A.

3. Mailing Address

130 NE 40th Street

Suite, Apt. #, etc.

Suite 9

City & State

Miami, Florida

Zip

33137

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2275973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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 reinstalling)

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	Roscoe Warren - Director 436 NW 18 th street Miami, FL 33030-3163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Christopher - Director Robinson 147 NE 158 street Miami, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Michael - Director Robinson 311 Washington Ave Apt 0-4 Brookland, NY 11025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lewis Ellsworth - Director Robinson 915 NW 1st Ave. Miami, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Willie C. Robinson - President 3400 Estepona Ave Miami, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)