## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am DOCUMENT # P00000102755 Secretary of State W.A.F.A. CAPITAL FUND CORP. 05-11-2001 90055 031 \*\*\*150.00 Mailing Address Principal Place of Business 721 SE 17TH STREET FORT LAUDERDALE FL 33316 721 SE 17TH STREET FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Aringa Cove 411 NW 118 letters MARINER COJE 411 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-106665 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAMOTHE. FERNAND Box Number is Not Acceptable) 721 SE 17TH STREET TRAFALGAR FORT LAUDERDALE FL 33316 Zip Code 3010 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ted name of registered agent and title if applicable ignature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ;R2E034 (10/00) Addition TITLE Change TITLE ☐ Delete ABOUELOUAFA, ABDEL JABBAR NAME NAME MARINER COVE 411 NW 118TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-7IP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

IG OFFICER OR DIRECTO