

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2001 08:00 AM  
Secretary of State

DOCUMENT # P00000112391

1. Entity Name  
METAZEN WELLINGTON RETAIL, INC.

Principal Place of Business  
1515 N FEDERAL HWY, SUITE 309  
BOCA RATON FL 33432

Mailing Address  
1515 N FEDERAL HWY, SUITE 309  
BOCA RATON FL 33432

2. Principal Place of Business  
1515 N FEDERAL HWY, SUITE 204

3. Mailing Address  
1515 N FEDERAL HWY, SUITE 204

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

4. FEI Number  
31-1795367

Applied For  
Not Applicable

Zip Country  
33432

Zip Country  
33432

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

DEYO CHARLES  
1515 N FEDERAL HWY, SUITE 309

BOCA RATON FL 33432

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 \_\_\_\_\_ DATE 09/18/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME DEYO CHARLES  
STREET ADDRESS 1515 N FEDERAL HWY, SUITE 309  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☒ Change ☐ Addition  
NAME DEYO CHARLES  
STREET ADDRESS 1515 N FEDERAL HWY, SUITE 204  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Charles Deyo Pres 09/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)