

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113294

1. Entity Name

WWL, INC.

Principal Place of Business

1080 SOUTH MILITARY TRAIL #205
DEERFIELD BEACH FL 33442

Mailing Address

1080 SOUTH MILITARY TRAIL #205
DEERFIELD BEACH FL 33442

2. Principal Place of Business

5380 NW 55TH BLVD

3. Mailing Address

5380 NW 55TH BLVD

Suite, Apt. #, etc.

Apt. # 206

Suite, Apt. #, etc.

Apt. # 206

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

05-1077719

Applied For

Not Applicable

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

PAVLO, WILLIAM M

1250 E. HALLANDALE BEACH BLVD.

SUITE 806

HALLANDALE FL 33009

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 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 PD ☐ Delete
NAME LIMA, VAGNER
STREET ADDRESS 1080 SOUTH MILITARY TRAIL #205
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE PD ☒ Change ☐ Addition
NAME LIMA, VAGNER
STREET ADDRESS 5380 NW 55TH BLVD #206
CITY-ST-ZIP COCONUT CREEK, FL, 33073

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
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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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

Date

(954) 535-5461

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE