

5/18

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 03, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91752 001 \*\*\*300.00

**DOCUMENT # P00000117318**

1. Entity Name

**W A CONSULTING, INC.**

Principal Place of Business

Mailing Address

2222 PONCE DE LEON BLVD PH-SUITE  
CORAL GABLES FL 331342222 PONCE DE LEON BLVD PH-SUITE  
CORAL GABLES FL 33134

2. Principal Place of Business

**1500 SAN REMO AVENUE**

3. Mailing Address

**1500 SAN REMO AVENUE**

Suite, Apt. #, etc.

**SUITE 300**

Suite, Apt. #, etc.

**SUITE 300**

City &amp; State

**CORAL GABLES FLORIDA**

City &amp; State

**CORAL GABLES FLORIDA**

Zip

**33146**

Country

**USA**

Zip

**33146**

Country

**USA**

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHREIBER, GERHARDT**  
**2222 PONCE DE LEON BLVD PH-SUITE**  
**CORAL GABLES FL 33134**

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WOLFBERG, DAVID</b> <b>PRESIDENT</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALVAREZ, JULIO</b> <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	<b>1500 SAN REMO AVENUE SUITE 300</b> <b>CORAL GABLES, FLORIDA 33146</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1500 SAN REMO AVENUE SUITE 300</b> <b>CORAL GABLES, FLORIDA 33146</b>	<input checked="" 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-01 (305) 666-5474**

Date

Daytime Phone #

CR2E034 (10/00)