

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000015108**1. Entity Name
WELLINGTON PREP., INC.Principal Place of Business
3775 LYONS ROAD
LAKE WORTH FL 33467Mailing Address
3775 LYONS ROAD
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0627374

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SARRIA, JORGE
3775 LYONS ROAD
LAKE WORTH FL 33467

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP~~Jorge Sarria~~☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPManuel Sarria
3775 Lyons Road
Lake Worth, FL 33467☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPManuel Sarria
3775 Lyons Road
Lake Worth, FL 33467☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 25, 2002 8:00 am
Secretary of State

05-02-2002 90156 027 ***150.00

05-02-02 90156
027 \$150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

8/15/02 561-704-1644

Attachment

42091



PO/00001570 8

Wellington Prep, Inc
3775 Lyons Road
Lake Worth Fl 33467

This letter is to verify that I did not receive the letter that you mailed you to me on 6/6/2002.

I am enclosing a corrected UBR form with the officers info listed.
This form was originally sent in *with payment* and the person that I spoke with on the phone on 7/8/02 said to let you know so that I would not be charged the penalty of being late.

If you need any further information please let me know.

Sincerely,

A handwritten signature in cursive script that reads "Joyce Sarria".
Joyce Sarria