

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90459 025 \*\*\*150.00

**DOCUMENT # P01000028933**

1. Entity Name  
WLD EQUITY PARTNERS 2001, INC.



Principal Place of Business  
401 E LAS OLAS BLVD #2200  
FORT LAUDERDALE, FL 33301

Mailing Address  
401 E LAS OLAS BLVD #2200  
FORT LAUDERDALE, FL 33301

**24073754**



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1090577

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HORVITZ, DAVID  
401 E. LAS OLAS BLVD #2200  
FORT LAUDERDALE, FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>
NAME	HORVITZ, DAVID
STREET ADDRESS	401 E LAS OLAS BLVD #220
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	<b>VP</b>
NAME	ROTH, LINDA H
STREET ADDRESS	401 E LAS OLAS BLVD #2200
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301
TITLE	F. MELVIN BURTON - VP
NAME	401 E LAS OLAS BLVD #2200
STREET ADDRESS	FORT LAUDERDALE, FL 33301
CITY - ST - ZIP	
TITLE	ROBERT J. PUCK - T
NAME	401 E LAS OLAS BLVD #2200
STREET ADDRESS	FORT LAUDERDALE, FL 33301
CITY - ST - ZIP	
TITLE	VIRGINIA J. BAKER - AS
NAME	401 E LAS OLAS BLVD #2200
STREET ADDRESS	FORT LAUDERDALE, FL 33301
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*VIRGINIA J BAKER* 4/30/04