2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT

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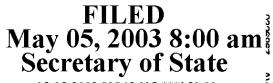
1. Entity Name

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WLD EQUITY PARTNERS 2001, INC. Principal Place of Business Mailing Address VD. #900

401 E LAS OLAS BLVD #2200 FT. LAUDERDALE, FL 33301 2. Principal Flace of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



05-05-2003 91845 017 ***150 00



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For 65-1090577 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

13301

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORVITZ, DAVID

401 E LAS OLAS BLVD #2200 FT. LAUDERDALE, FL 33301

Street Address (P.O. Box Number is Not Acceptable)

Zip Code City

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 401 E LAS OLAS BLVD #2200 Pehange TITLE ☐ Delete TITLE ☐ Addition HORVITZ, DAVID NAME NAME FT. LAUDERDALE, FL 33301 450 EAST LAS, OLAS BLVD. #900 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 401 E LAS OLAS BLVD #2200 NAME ROTH, LINDA H NAME 450 EAST LAS OLAS BLVD. #900 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P

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:

WANTURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)