

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90020 005 \*\*\*558.75

**DOCUMENT # P01000040210**

1. Entity Name

**WORKFLOW AND REENGINEERING INTERNATIONAL ASSOCIATION, INC**

Principal Place of Business

**2436 N FEDERAL HWY #374  
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**2436 N FEDERAL HWY #374  
 LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

**2436 N. FEDERAL Hwy  
 #374**

3. Mailing Address

Suite, Apt. #, etc.

**City & State  
 LIGHTHOUSE POINT, FL.**

City & State

**Zip  
 33064**

**Country  
 US.**

Zip

Country

4. FFI Number

**65-0308696**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FISCHER, LAYNA  
 2436 N FEDERAL HWY #374  
 LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

**Name  
 LAYNA FISCHER.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2436 N. FEDERAL Highway.  
 #374  
 City  
 LIGHTHOUSE POINT FL Zip Code  
 33064**

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 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  
 PRESIDENT  
 LAYNA FISCHER  
 2436 N. FED. HWY. #374  
 LIGHTHOUSE POINT, FL 33064**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change ☐ Addition

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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 LAYNA FISCHER 6/26/02 954-782-3376**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)