

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90335 034 \*\*\*150.00

**DOCUMENT # P01000046032**

1. Entity Name  
**WAYNE SHORTER, INC.**

Principal Place of Business  
**1000 QUAYSIDE TERR. SUITE #1608  
MIAMI FL 33138**

Mailing Address  
**1000 QUAYSIDE TERR. SUITE #1608  
MIAMI FL 33138**

2. Principal Place of Business  
**3370 N.E. 190th St.**

3. Mailing Address  
**3370 N.E. 190th St.**

Suite, Apt. #, etc.  
**Ste#2713**

Suite, Apt. #, etc.  
**Ste#2713**

City & State  
**Aventura, FL 33180**

City & State  
**Aventura, FL 33180**

4. FEI Number  
**65-1076270**

Applied For  
☐ Not Applicable

Zip Country  
**33180 Miami-Dade**

Zip Country  
**33180 Miami Dade**

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

## 6. Name and Address of Current Registered Agent

**SHORTER, WAYNE  
1000 QUAYSIDE TERR, SUITE #1608  
MIAMI FL 33138**

## 7. Name and Address of New Registered Agent

Name  
**SHORTER, WAYNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3370 N.E. 190th St.**  
**Ste#2713**  
City **Aventura** **FL** Zip Code **33180**

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 *Wayne Shorter*  
Signature, typed or printed name of registered agent and title if applicable.

**Wayne Shorter**  
(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, 2002 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 **D** ☐ Delete  
NAME **SHORTER, WAYNE**  
STREET ADDRESS **1000 QUAYSIDE TERR, SUITE #1608**  
CITY-ST-ZIP **MIAMI FL 33138**

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Shorter, Wayne**  
STREET ADDRESS **3370 N.E. 190th St. Ste#2713**  
CITY-ST-ZIP **Miami, FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Wayne Shorter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 10<sup>102</sup>* **X 305 933 4926**  
Date Daytime Phone #

CR2E034 (9/01)