

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000050191

1. Entity Name

Wetterfest Co.

FILED

02 AUG -7 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200006977122--6

-08/08/02--01062--006

DO NOT WRITE IN THIS SPACE ***150.00 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 N. Rio Grande Ave

Suite, Apt. #, etc.

3. Mailing Address

1820 N. Rio Grande Ave

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

Orlando Florida

4. FEI Number

593717170

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jaime Zominhan

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

1820 N. Rio Grande Ave

City

Orlando

FL

Zip Code

32804

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

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

(NOTE: Registered Agent signature required when reinstating)

Aug 01 2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 P/D
NAME Jaime Zominhan
STREET ADDRESS 1820 N. Rio Grande Ave
CITY-ST-ZIP Orlando Florida 32804

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 01 '02 (305) 528-6000

Date

Daytime Phone #

CR2E034B (12/01)

js 8/1/02