

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

**FILED**  
**Aug 08, 2002 8:00 am**  
**Secretary of State**

08-08-2002 90092 044 \*\*\*150.00

**DOCUMENT #** P01000051835

**1. Entity Name**

WILLEMITE & ASSOCIATES, INC.

NIC  
FLO  
8/16/01  
[Signature]

**DO NOT WRITE IN THIS SPACE**

**B0133654**

**2. Principal Place of Business**  
10819 NW 51 Lane

**3. Mailing Address**  
10819 NW 51 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Miami, FL

**City & State**  
Miami, FL

**4. FEI Number**  
65-1106004

**Applied For**  
☐ Not Applicable

**Zip** 33178 **Country** USA

**Zip** 33178 **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**  
Maria Wilhelm

**Street Address (P.O. Box Number is Not Acceptable)**  
10819 NW 51 Lane

**City** Miami, **FL** **Zip Code** 33178

**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** *Maria Wilhelm* Maria Wilhelm President August 2, 2002

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)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** PTD  
**NAME** Maria Wilhelm  
**STREET ADDRESS** 10819 NW 51 Lane  
**CITY-ST-ZIP** Miami, FL 33178

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** VPSD  
**NAME** Milagros Beatriz Chavez  
**STREET ADDRESS** 4243 NW 107 Avenue PMB 203  
**CITY-ST-ZIP** Miami, FL 33178

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:** *Maria Wilhelm* Maria Wilhelm President August 2, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

**WILLEMITE & ASSOCIATES, INC.**  
**10819 NW 51 LANE**  
**MIAMI, FL 33178**

---

**Department of State**  
**Division of Corporations**  
**PO Box 6327**  
**Tallahassee, FL 32314**

Re: Doc # P01000051835

Dear Sir:

Enclosed please find a check for \$150.00 to cover annual report fees for CY 2002 and a completed UBR form. I never received the renewal form.

Please accept this check in good faith, I was not aware until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,

*Maria Wilhelm*

Maria Wilhelm  
President