REJECTED
08-05-2002 90001 004 ***150.00
P01000056076
FILED
02 OCT 23 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
43242

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056076

1. Entity Name
WAIF INC

Principal Place of Business
2001 NW 167 STREET
OPA LOCKA FL 33056

Mailing Address
2001 NW 167 STREET
OPA LOCKA FL 33056

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-1108611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MERRILL, KATHLEEN
2001 NW 167 STREET
OPA LOCKA FL 33056

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Kathleen Merrill KATHLEEN MERRILL
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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~~ 150 – ~~NEVER RECEIVED THE OLD BIL~~
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

DATE

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	MERRILL, KATHLEEN ☐ Delete
STREET ADDRESS	2001 NW 167 STREET
CITY-ST-ZIP	OPA LOCKA FL 33056
TITLE	DVT
NAME	GIERUM, BRUCE ☐ Delete
STREET ADDRESS	2001 NW 167 STREET
CITY-ST-ZIP	OPA LOCKA FL 33056
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (4/02)

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 BRUCE GIERUM 7/30/02 (954) 4335220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Attachment A

WAIF INC. P01000059764/02

2001 NW 167 St 43242 1dr

OPA LOCKA, FL 33056

Florida Dept of State:

Per our telephone conversation, here is our letter stating we never received the annual report form on a timely basis to have it reported on time. We were not notified until the second mailing and we called your office and were informed that this letter would suffice.

Thank you.

Bruce Bierum, Pres.