## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000059625 **DOCUMENT #**

1. Entity Name TDC FLAGLER WPB, INC.

Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE

MIAMI FL 33145



Mailing Address 2828 CORAL WAY. PENTHOUSE SUITE

MIAMI FL 33145

FILED									
Apr 21, 2	003	8:00	am						
Secretai									
04-21-2003 91	•								

2. Principal F	2. Principal Place of Business 3. Mailing Address					1   0 62   0 62	<b>                                    </b>				
Suite, Apt. #, etc. Suit			Suite, Ap	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State City			City & Sta	City & State		4.	4. FEI Number 65-1114294			oplied For ot Applicable	
Zip		Country	Zip	Zip Count			5.	Certificate of Status Desired		\$8.75 Addee Require	
	6. Name	and Address of Current F	egistered Ag	ent			7.	Name and Address of New	Registered A	gent	
HERNANDEZ, ANGEL A				Name							
2828 CORAL WAY, PENTHOUSE SUITE					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL	33145										
						City			FL	Zip Cod	le
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 an	d title if applicable.	(NOTE:	Registere	d Agent signatur	e required when t	reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign F Trust Fund Contribut			May Be		
10.	/N	OFFICERS AND D	IRECTORS	<u> </u>	11.		Al	L DDITIONS/CHANGES TO OR	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D  PEREZ, JC	AL WAY, PENTHOUSE S		□ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OBERTO S AL WAY, PENTHOUSE S 33145	•	☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HERNANDI 2828 COR MIAMI FL 3	EZ, ANGEL A AL WAY, PENTHOUSE \$ 33145		□ Delete			* 4			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN, MA 2826 COR MIAMI FL 3	al way, penthouse s		Delete	4					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	□ Delete						☐ Change	☐ Addition
TITLE				Delete	TITLE					☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/02)