

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0156505
 AV

DOCUMENT # P01000063018

1. Entity Name
WILCON VENTURE, INC.

03-13-2002 90116 045 ***150.00

Principal Place of Business

~~9341 SW 8TH STREET~~
~~PEMBROKE PINES FL 33025-1164~~

Mailing Address

~~9341 SW 8TH STREET~~
~~PEMBROKE PINES FL 33025-1164~~

2. Principal Place of Business

230 NW 183rd Street
 Suite, Apt. #, etc.

3. Mailing Address

230 NW 183rd Street
 Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33169

Country

Zip

33169

Country

4. FEI Number

65-1115807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ST. L. WRIGHT, WILLIAM

9341 SW 8TH STREET
PEMBROKE PINES FL 33025-1164

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.

SIGNATURE

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) ☐

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 **PDT** ☐ Delete
 NAME **ST. L. WRIGHT, WILLIAM**
 STREET ADDRESS **9341 SW 8TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025-1164**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-02

954-704-1051

CP2E034 (9/01)