

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063386

1. Entity Name  
WILSHIRE GROUP, INC.

Principal Place of Business  
3864 SHERIDAN STREET  
HOLLYWOOD FL 33021-3634

Mailing Address  
3864 SHERIDAN STREET  
HOLLYWOOD FL 33021-3634

2. Principal Place of Business

3. Mailing Address  
8930 State Road 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Ste. 175

City & State

City & State  
Davie, FL

Zip

Country

Zip

Country

33324

4. FEI Number

01-0572147

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANNA, EDWARD A JR ESQ  
3864 SHERIDAN STREET  
HOLLYWOOD FL 33021-3634

7. Name and Address of New Registered Agent

Name: RAE Montana  
Street Address (P.O. Box Number is not Acceptable):  
8930 State Road 84  
Ste. 175  
City: Davie, FL  
Zip Code: 33324

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: Rae Montana

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

(NOTE: Registered Agent signature required when reinstating)

4-24-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SAEZ, JOE 3864 SHERIDAN STREET HOLLYWOOD FL 33021-3634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, PAT 3864 SHERIDAN STREET HOLLYWOOD FL 33021-3634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Joe Saez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90087 006 \*\*\*150.00

07-28-2002 90203 006 \*\*\*400.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)