

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

FILED

DOCUMENT # P01000064988

1. Entity Name

WATTER'S DIGEST INC.

02 AUG 19 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 Bay Road

Suite, Apt. #, etc.

Suite 1182

City & State
Miami Beach, FL

Zip
33139

Country
USA

3. Mailing Address

1500 Bay Rd.

Suite, Apt. #, etc.

Suite 1182

City & State
Miami Beach, FL

Zip
33139

Country
USA

4. FEI Number

65-1120775

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BARBARA COLEMAN MILLER

Street Address (P.O. Box Number is Not Acceptable)

9195 GOKLINS AVE

PH-1Y

City

SURFSIDE

FL

Zip Code

33154

**DO NOT WRITE
IN THIS SPACE**

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.

BARBARA COLEMAN MILLER

(NOTE: Registered Agent signature required when reinstating)

8-1Y-0Y

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P, T
Regina Pohalski Soileau
1500 Bay Rd. Suite 1182
Miami Beach, FL. 33139

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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*****61.25 *****61.25

TITLE

NAME

STREET ADDRESS

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Regina Pohalski Soileau Regina Pohalski Soileau 8-12-02(305) 710-7785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)