

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90259 002 ***150.00

DOCUMENT # P01000069708

1. Entity Name

WELLBILT INTERNATIONAL CORPORATION



Principal Place of Business

**1 GROVE ISLE DRIVE
APARTMENT 1502
MIAMI FL 33133**

Mailing Address

**1 GROVE ISLE DRIVE
APARTMENT 1502
MIAMI FL 33133**

2. Principal Place of Business

8600 NW. South River Dr.

3. Mailing Address

8600 NW. South River Dr.

Suite, Apt. #, etc.

Suite # 111

Suite, Apt. #, etc.

Suite # 111

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1150997

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE, SUITE 330
BOCA RATON FL 33486**

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

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

(NOTE: Registered Agent signature required when 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 Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** **change** ☐ Delete

NAME **HICKS, PAUL F**
STREET ADDRESS **1 GROVE ISLE DR # 1502**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VPS** ☒ Delete

NAME **HICKS, BEATRIZ**
STREET ADDRESS **1 GROVE ISLE DR # 1502**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VB/S/D** ☒ Change ☐ Addition

NAME **HICKS, PAUL F**
STREET ADDRESS **1 Grove Isle Dr. #1502**
CITY-ST-ZIP **Miami, FL 33133**

TITLE **P/D** ☐ Change ☒ Addition

NAME **ALINA VAN KATWYK**
STREET ADDRESS **6957 WILLOW LANE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **V/D** ☐ Change ☒ Addition

NAME **SHERMAN KRONICK**
STREET ADDRESS **800 NE 195 STREET (Apt. # 219)**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

Date

(305) 216-4217

Daytime Phone #

CR2E034 (10/02)