## 2002 HNIFORM RUSINESS REDORT (HRD)

| DOCUMENT # P01000077973  I. brity where WILMA CORPORATION    Principal Place of Business   Mailing Address   Stis BritON MABLE   MAIN BEACH R. 35H4   | 2002                            | 2 UNIFOR   | M BUSIN                                      | R)  | FILED                |                        |                              |                                 |  |                       |                                  |            |
|---|---------------------------------|--|--|---|----------------------|------------------------|------------------------------|---------------------------------|--|-----------------------|----------------------------------|------------|
| ## SITS SYRON AND ME SITS SYRON AND ME MANI BEACH R. 23141  ## PROPERTY STATES AND MESSAGE STATES AND MESSAG  | 1. Entity Name                  |  |  |   |                      |                        |                              | Secretary of State              |  |                       |                                  | l 8        |
| Sute, Apr. 4, etc.  Sute, Apr. 4, etc.  Sute, Apr. 4, etc.  Cry & Siste  Cry & Cry & Siste  Cr  | 8315 BYRON AVENUE               |  |  | 8315 BYRON AVENUE   |                      |                        |                              |                                 | () <b>88</b> ()) <b>38</b> ()) <b>19</b> () 4 <b>8</b> | <b>11 12 14 15</b> 15 | 1 <b>8188</b> 1881 1 <b>88</b> 1 |            |
| Cry & State  City & State  City & State  City & State  Country  Zip  Country  Signer Address of Status Deared   State Deared   State State Deared   State De  | 2. Principal F                  | Place of Business                                    |  | 3. Mailing Address  |                      |                        |                              |                                 |  |                       |                                  |            |
| Country   Zip   Country   Zip   Country   S. Confliction of Status Desired   S8.75 Agatismal For Required   F    | Suite, Apt. #, etc.             |  |  | Suite, Apt. #, etc.                                       |                      |                        |                              | DO NOT WRITE IN THIS SPACE      |  |                       |                                  |            |
| S. Certificate of Status Jestined Page Pool Pool Pool Pool Pool Pool Pool Poo   | City & State                    |  |  | City & State  |                      |                        | 4. 6                         | FEI Number<br>65-11317 <b>8</b> | 3-   |                       | <u> </u>                         |            |
| TAMAYO, MARIA A 14550 GLENCARN RD MIAMI LAKES FL 33016  Street Address (P.O. Box Number is Not Acceptable)  Crty FL Zg Code    | Zip                             |  |  |   | itry                 | 5. (                   | Certificate of Status Desire |                                 |  |                       |                                  |            |
| SIGNATURE:    Signet Address Ft. 30016   Signet   |                                 | 6. Name and Add                                      | ress of Current Re                           | gistered Agent  |                      | Name                   | 7. 1                         | Name and Address of Ne          | w Registered Ag  | ent                   |                                  | -          |
| B. The above named entity submits this stallement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.    SIGNATURE   | ·                               |  |  |   |                      | Street Ad              | dress (P.O. E                | Box Number is Not Accept        | able)  |                       |                                  | }          |
| SIGNATURE    Superior   | MIAMI LA                        | KES FL 33016   |  |   | City                 |                        |                              | FL                              | Zip Code   | <del> </del>          | 1                                |            |
| Signature, typical primote surround to primote surround to provide their repulsation and pulsation is elligible to settistly its Intangible Tax filing requirement and elocits to do so. (See criteria on back)    11.  | 8. The above                    | named entity submits                                 | this statement for th                        | e purpose of changing its i                               | egister              | ed office or r         | egistered ag                 | gent, or both, in the State o   | f Florida.   |                       |                                  |            |
| Tax filing requirement and elects to do so.   Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fee   Added to Fe | SIGNATURE .                     | Signature, typed or printed nar                      | me of registered agent and t                 | itle if applicable. (NOTE:                                | Registere            | d Agent signatur       | e required when re           | einstating)                     | DATE   |                       |                                  |            |
| TITLE NAME TAMAYP, MARIA A 14550 GLENCAIRN RD CITY-ST-ZIP MIAMI LAKES FL 33016  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI  | Tax filing i                    | requirement and elects                               | After May 1, 2002 Fee will be \$550.00       |   |                      | 0.00                   |                              |                                 |  |                       |                                  |            |
| MIAMI LAKES FL 33016  CITY-ST-ZIP  MIAMI LAKES FL 33016  CITY-ST-ZIP  TITLE    Delete   TITLE     Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE     Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    SIREET ADDRESS   CITY-ST-ZIP    TITLE   Change   Addition    NAME   SIREET ADDRESS   CITY-ST-ZIP    SIRET ADDRESS   CITY  |                                 |  | OFFICERS AND DIF                             |   | -                    | - 1                    | AD                           | DDITIONS/CHANGES TO             |  | _                     |                                  | F          |
| NAME STREET ADDRESS S  | NAME<br>STREET ADDRESS          | TAMAYP, MARIA A<br>14550 GLENCAIRN                   | N RD   | NAA<br>Str  |                      | E<br>ET ADDRESS        |                              |                                 | L  | Unange                | Addition                         | 2E034 (9/0 |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP ST  | NAME<br>STREET ADDRESS          | ☐ Delete   |  |   | NAM<br>STRE          | NAME<br>STREET ADDRESS |                              |                                 |  | Change                | ☐ Addition                       | 8          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  13.   hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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:   | TITLE<br>NAME<br>STREET ADDRESS |  |  | ☐ Delete  | TITLI<br>NAM<br>STRE | E<br>ET ADDRESS        |                              |                                 | ]  | Change                | ☐ Addition                       |            |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  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.   | NAME<br>STREET ADDRESS          |  |  | ☐ Delete  | NAM<br>STRE          | E<br>ET ADDRESS        |                              |                                 | Г  | Change                | Addition                         |            |
| NAME STREET ADDRESS CITY-ST-ZIP  13.   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:   | NAME<br>STREET ADORESS          |  |  | ☐ Delete  | NAM<br>STRE          | E<br>ET ADDRESS        |                              |                                 |  | ☐ Change              | ☐ Addition                       |            |
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|   | SIGNAT                          | URE: SIGNATO   | TRE AND TYPED OR PRINT                       | ED NAME OF SIGNING OFFICER O                              | R DARECT             | OR                     | 10 <u>- 10</u>               | 1-8-0                           | Dayli  | me Phone #            |                                  |            |