

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0298486 AV

04-02-2002 90086 049 ***150.00

DOCUMENT # P01000091198

1. Entity Name
WISHING WELL RANCH, INC.

Principal Place of Business
10700 CARIBBEAN BOULEVARD
SUITE 302
MIAMI FL 33189

Mailing Address
10700 CARIBBEAN BOULEVARD
SUITE 302
MIAMI FL 33189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10700 Caribbean Blvd.

3. Mailing Address
10700 Caribbean Blvd.

Suite, Apt. #, etc.
Suite 108

Suite, Apt. #, etc.
Suite 108

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1139143

Applied For
☐ Not Applicable

Zip
33189

Country
US

Zip
33189

Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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 **PD** ☐ Delete
NAME **GALVEZ, LISA M**
STREET ADDRESS **10700 CARIBBEAN BOULEVARD SUITE 302**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **VSTD** ☐ Delete
NAME **ROBERTS, HEATHER A**
STREET ADDRESS **10700 CARIBBEAN BOULEVARD SUITE 302**
CITY-ST-ZIP **MIAMI FL 33189**

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)