2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Mar 13, 2003 8:00 am Secretary of State

DOCIMENT# P0100092014 1. Entity WGP ENTERPRISES, INC.					03-13-2003 90103 027 ***150.00	
Principal Place of 815-SPRING CR #203 DEERFIELD BEACH FL 33441		Mailing 815-SPRING CR #203 DEERFIELD BEACH FL 33441		41	10038274	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #, etc.		Suite, Apt. #. etc.			CHECK HERE	F MAKING CHANGES
City & State		City & State			4. FEI Number 65-1138067	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status	69.75
	6. Name and Address of Curr	ent Registered			7. Name and Address of Now	Registered
DE PAULA RIBEIRO, GERALDO 815 SPRING CR #203 DEERFIELD BEACH FL 33441				me Andress (P 0 Box Number is Not Acceptable)		
	*		City			Zip Code
8 The above	named entity submits this statement for	the numose of changing its r	registered office or	registered as	ment or both in the State of Florida	FL
.1121.1	raniod braity debitted the diagonton for	and parpose of onlying no i		ingistored ag	gent or bour, in the chate of Fronta.	Floreng Flynness
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	OTE: Rosistered Agent of	ignature required v	when reinstating)	DAY
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 eck Payable to Department of Stat	· ·	gen commen	20.	Election Campaign Finance Trust Fund Contribution	\$5.00 may Be Added to Fees
10.	OFFICERS AND		11,		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DE PAULA RIBEIRO, GER 815 SPRING CR #203 DEERFIELD BEACH FL 33	Delete	TITLE NAME STREET ADDR OITY-ST-ZIP	ness		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PACHECO ANDRADE, WII 815 SPRING CR #203 DEERFIELD BEACH FL 33		TITLE NAME STREET ADDR CITY - ST - ZIP	I		Chang Additi
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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 qualified 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: