

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90143 047 \*\*\*150.00

**DOCUMENT # P02000005516**



**1. Entity Name**  
**WATERHOUSE DEVELOPMENT CORP.**

**Principal Place of Business**  
**6111 S.W. 86TH STREET**  
**MIAMI FL 33143**

**Mailing Address**  
**6111 S.W. 86TH STREET**  
**MIAMI FL 33143**

**2. Principal Place of Business**

**14707 SOUTH DIXIE HIGHWAY**

**3. Mailing Address**

**14707 SOUTH DIXIE HIGHWAY**

Suite, Apt. #, etc.

**SUITE 204**

Suite, Apt. #, etc.

**SUITE 204**

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

**33176**

Country

Zip

**33176**

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**01-0608672**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMOLER, BRUCE J**  
**2611 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **ZOSMAN, OFER**  
**STREET ADDRESS** **6111 S.W. 86TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33143**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **DELEON, CARLOS**  
**STREET ADDRESS** **14707 SOUTH DIXIE HIGHWAY SUITE 204**  
**CITY-ST-ZIP** **MIAMI, FL 33176**

**TITLE** **D** ☐ Delete  
**NAME** **DELEON, CARLOS**  
**STREET ADDRESS** **6111 S.W. 86TH STREET**  
**CITY-ST-ZIP** **MIAMI FL 33143**

**TITLE** **VP, S** ☒ Change ☐ Addition  
**NAME** **ZOSMAN, OFER**  
**STREET ADDRESS** **14707 SOUTH DIXIE HIGHWAY SUITE 204**  
**CITY-ST-ZIP** **MIAMI, FL 33176**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

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**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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)