

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90096 038 ***150.00

DOCUMENT # P02000016279

1. Entity Name
W.F.P. SYSTEM, INC.



Principal Place of Business
921 N. 19 AVE., APT 7-B
HOLLYWOOD FL 33020

Mailing Address
921 N. 19 AVE., APT 7-B
HOLLYWOOD FL 33020

2. Principal Place of Business
2741 TAFT ST, # 209
Suite, Apt. #, etc.

3. Mailing Address
2741 TAFT STREET
Suite, Apt. #, etc.
209

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

4. FEI Number
90-0008830

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

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

6. Name and Address of Current Registered Agent

PESTANO, ANTOLIN JR.
7758 NW 44 ST.
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name PAEZ, WILLIAM
Street Address (P.O. Box Number is Not Acceptable) 2741 TAFT STREET, #209
City HOLLYWOOD **FL** **Zip** 33020

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

2/11/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME PAEZ, WILLIAM	
STREET ADDRESS 921 N. 19 AVE., APT 7-B	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE VPD	<input type="checkbox"/> Delete
NAME PELAEZ, CARMEN E	
STREET ADDRESS 921 N. 19 AVE., APT 7-B	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2741 TAFT STREET #209
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	HOLLYWOOD, FL 33020
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03
Date

954/929-9990
Daytime Phone #

CR2E034 (10/02)