

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC -1 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 03  
CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000040676

1. Entity Name  
WEALTH INSTITUTE, INC.



Principal Place of Business  
9100 SOUTH DADELAND BLVD.  
SUITE 1400  
MIAMI FL 33156

Mailing Address  
9100 SOUTH DADELAND BLVD.  
SUITE 1400  
MIAMI FL 33156

2. Principal Place of Business  
1120 HOLLAND DR  
Suite, Apt. #, etc.  
STE 14

3. Mailing Address  
1120 HOLLAND DR  
Suite, Apt. #, etc.  
STE 14

City & State  
BOCA RATON FL  
Zip  
33487  
Country  
USA

City & State  
BOCA RATON FL  
Zip  
33487  
Country  
USA

4. FEI Number  
75-3045597  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT W. STEWART, P.A.  
999 BRICKELL AVENUE  
SUITE 1006  
MIAMI FL 33131

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 *Robert W. Stewart*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-19-03

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	UGARTE, ENRIQUE E	
STREET ADDRESS	9100 SOUTH DADELAND BLVD. #1400	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UGARTE, ENRIQUE E	
STREET ADDRESS	1120 HOLLAND DR STE 14	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *ENRIQUE UGARTE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-30-03 561-998-3003

Date Daytime Phone #

CR2E034 (4/03)