

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000102652**

1. Entity Name
*The Florida Institute for Wealth
Creation and Preservation Inc*



FILED

03 FEB 25 PM 12:31

01-30-2003 90182 005 ***150.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1549 SW 159 Terrace (Same As #2)

3. Mailing Address
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip
33027

City & State
Broward
Zip
33027

4. FEI Number
68-0523540

Applied For
☒ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
William W. Gendron

Street Address (P.O. Box Number is Not Acceptable)
1549 SW 159 Terr

City
Pembroke Pines FL Zip Code
33027

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

02-20-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
William W. Gendron
1549 SW 159 Terr
Pembroke Pines FL 33027*

TITLE
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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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 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

1-27-03 *538-9452*
Date Daytime Phone #

William W. Gendron

9/2/25

CR2E034B (12/02)