

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079294

1. Entity Name

WALARCH INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90009 031 ***150.00

Principal Place of Business

Mailing Address

12539 SW 128 ST.
MIAMI FL 33186
US

12539 SW 128 ST.
MIAMI FL 33186-5408
US

2. Principal Place of Business

8424 NW 61 St.

3. Mailing Address

8424 NW 61 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0456374

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEPI, CLAUDIO
12539 SW 128 ST.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name Walther, Michael

Street Address (P.O. Box Number is Not Acceptable)
8424 NW 61 Street

City Miami

FL

Zip Code 33166

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

03/22/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ Delete
NAME ~~NEPI, CLAUDIO~~
STREET ADDRESS ~~12539 SW 128 ST.~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE VD ☐ Delete
NAME WALTHER, MICHAEL
STREET ADDRESS 12539 SW 128 ST.
CITY-ST-ZIP MIAMI FL

TITLE STD ☐ Delete
NAME WALTHER, EMMA
STREET ADDRESS 12539 SW 128 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS 8424 NW 61 St.
CITY-ST-ZIP Miami, FL 33166

TITLE S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS 8424 NW 61 St.
CITY-ST-ZIP Miami, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 required 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2000

Date

305-4680038

Daytime Phone #

CR2E034 (9/99)