2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am § P94000000873 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 90284 029 ***150.00 WHY BUY NEW, INC. Principal Place of Business Mailing Address 805 SE 8TH STREET 805 SE 8TH STREET DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 5184 NW 74th Place Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-3069713 Coconut Creek, Floridas Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33073 Fee Required Broward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOK, MAUREEN R Street Address (P.O. Box Number is Not Acceptable) 3#06#D&VER#R&#C# 5184 NW 74th Place #**ተ**ለመ**ተለካ** ከ**ተለርካ ነተ፤ \$3662**# "Coconut Creek, FL 33073 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition DPS X Change ☐ Delete TITLE TITLE COOK, MAUREEN R NAMÉ NAME 5184 NW 74th Place 3406 DOVER ROAD STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Coconut Creek, FL 33073 Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 empoyered 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 an other like empowered.

R. Cook

IE OF SIGNING OFFICER OR DIRECTOR

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