

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045863

1. Entity Name

WENDCORP OF SOUTH FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90033 025 ***150.00

Principal Place of Business

Mailing Address

14808 S.W. 67TH LANE
MIAMI FL 33193

14808 S.W. 67TH LANE
MIAMI FL 33193-2026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0516839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL BUSTO, JUAN
14808 S.W. 67TH LANE
MIAMI FL 33193

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, CATALINO E | |
| STREET ADDRESS | 14834 S.W. 67TH LANE | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | LYNN, RICHARD E | |
| STREET ADDRESS | 6250 S.W. 117TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DEL BUSTO, JUAN | |
| STREET ADDRESS | 14808 S.W. 67TH LANE | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LORANT, KENNETH E | |
| STREET ADDRESS | 16860 S.W. 1ST MANOR | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33027 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | VINETAS, DEBRA C. | |
| STREET ADDRESS | 6999 SW 147TH PL | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | |
| 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 | |

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

Date

Daytime Phone #

Feb 20, 2000

CR2E034 (9/99)