

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061750

1. Entity Name

W.C.F., Inc.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90311 001 \*\*\*450.00

Principal Place of Business

Mailing Address

Fernando W. Carmona  
W.C.F., Inc.

Fernando W. Carmona  
W.C.F., Inc.

17248

2. Principal Place of Business

3174 Lake Worth Rd.  
Suite, Apt. #, etc.

3. Mailing Address

6780 Ocean Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Ocean Ridge, FL

4. FEI Number

65-0525547

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33435

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Fernando W. Carmona  
6780 Ocean Blvd.  
Ocean Ridge, FL 33435

7. Name and Address of New Registered Agent

Name Jonathan R. Kaplan

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

301 Clematis Street Suite 3000

City West Palm Beach

FL

Zip Code 33401

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

5-5-00

9. This corporation is eligible to satisfy its intangible  
Tax filing requirements 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 Director ☐ Delete  
NAME Fernando W. Carmona  
STREET ADDRESS 6780 Ocean Blvd.  
CITY-ST-ZIP Ocean Ridge, FL 33435

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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

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

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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

Date

Daytime Phone #

5-6-00

CR2E034 (9/99)