

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91239 041 ***150.00

DOCUMENT # P94000061750
 1. Entity Name
 W.C.F. INC.

Principal Place of Business Mailing Address
 3174 Lake Worth Rd 6780 N Ocean Blvd
 Lake Worth FL 33467 Ocean Ridge FL 33475

2. Principal Place of Business 3. Mailing Address
 3174 Lake Worth Rd 6780 N Ocean Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Lake Worth FL Ocean Ridge FL
 Zip Zip
 33467 US 33475 US

4. FEI Number Applied For
 65-0525547 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Johnathan Kaplan
 301 Clematis St
 WPB FL 33401

7. Name and Address of New Registered Agent
 Name: Fernando Carmona
 Street Address (P.O. Box Number is Not Acceptable)
 6780 N Ocean Blvd
 City: Ocean Ridge FL Zip Code: 33475

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: Fernando Carmona DATE: 4-25-2001
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	Pres	<input type="checkbox"/> Delete
NAME	Fernando Carmona	
STREET ADDRESS	6780 N Ocean Blvd	
CITY-ST-ZIP	Ocean Ridge FL 33475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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: DATE: 4-25-2001 DAYTIME PHONE #: (561) 278-0777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)