

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000003444**
 1. Entity Name **Weddeckens First Place Apt Corp**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 26 PM 12:43

Principal Place of Business **1127 NW 1 PL Miami, Fla 33019**
 Mailing Address **4122 W. Comanche Ave Tampa, Fla 33614**

2. Principal Place of Business **1127 NW 1 PL**
 Suite, Apt. #, etc.

3. Mailing Address **4122 W. Comanche Ave**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami, Fla**
 Zip **33019** Country

City & State **Tampa, Fla**
 Zip **33614** Country

4. FEI Number **1650637213**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Alberto F. Weddeckens
2702 Thomas St
Hollywood, Fla 33020

7. Name and Address of New Registered Agent

Name **Maria Weddeckens**
 Street Address (P.O. Box Number is Not Acceptable)
4122 W. Comanche Ave
 City **Tampa** FL Zip Code **33614**

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 **Maria Weddeckens** **Maria Weddeckens** **10/23/2001**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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	President
STREET ADDRESS	Alberto F. Weddeckens
CITY-ST-ZIP	2702 Thomas St, Hollywood, Fla 33020
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V/P
STREET ADDRESS	Maria Weddeckens
CITY-ST-ZIP	4122 W. Comanche Ave Tampa Fla 33614
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: **Maria Weddeckens** **V/P** **10/23/2001** **(813) 8864916**

CR2E034 (5/01)