

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90066 033 ***150.00

DOCUMENT # P95000034135

1. Entity Name

WCR ENTERPRISES, INC.

Principal Place of Business

2919 TOWNSEND BLVD
JACKSONVILLE FL 32277

Mailing Address

2919 TOWNSEND BLVD
JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

4256 KINCARDINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

4. FEI Number

59-3312346

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

U.S.A

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NADDAF, DAOUD R
3635 POST ST
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name CAMILLE NADDAF

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

4256 KINCARDINE DR

City JACKSONVILLE FL

Zip Code 32257

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

Camille Naddaf
Signature, typed or printed name of registered agent and fee applicable.

CAMILLE NADDAF

2-15-01

(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, 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 PT
NAME MOUCHI, RICHARD
STREET ADDRESS 7123 HIELO DR
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE P
NAME NADDAF, DAOUD
STREET ADDRESS 3635 POST ST
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Y.P.
NAME CAMILLE NADDAF
STREET ADDRESS 4256 KINCARDINE DR.
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Camille Naddaf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01 (904) 3543383

Date

Daytime Phone #

CR2E034 (10/00)