

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065328

Entity Name  
**WB AMERICA, INC.**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**  
04-22-2000 90103 016 \*\*\*150.00

Principal Place of Business  
**1200 CLINTMOORE RD #1**  
**BOCA RATON FL 33487**

Mailing Address  
**1200 CLINTMOORE RD #1**  
**BOCA RATON FL 33487-2731**

**642835**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**762 S. MILITARY TRAIL**

3. Mailing Address  
**762 S. MILITARY TRAIL**

City & State  
**DEERFIELD BEACH, FL**

Zip  
**33442**

Country

City & State  
**DEERFIELD BEACH, FL**

Zip  
**33442**

Country

4. FEI Number  
**65-0623852**

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

**FREIDMAN, ANDREW R**  
**5355 TOWN CENTER ROAD**  
**SUITE 801**  
**BOCA RATON FL 33486**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

## OFFICERS AND DIRECTORS

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD</b> <b>BATISTA, WERNER</b> <b>1200 CLINT MOORE RD #1</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>762 S. MILITARY TRAIL</b> <b>DEERFIELD BEACH, FL 33442</b>
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/2000**

Date

Daytime Phone #

CR2E034 (9/99)