

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-10-2001 90132 025 ***150.00

DOCUMENT # 995000070187

1. Entity Name **Michael S. Wechter, CLU & Assoc. Inc.**
P.O. Box 56-2770
Miami FL 33256
305-254-0001; Fax 254-0007

Principal Place of Business Mailing Address

2. Principal Place of Business **10774 S.W. 133 Ter.**
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State **Miami FL** City & State
 Zip **33176** Country **Dade**

4. FEI Number **65-0611166** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Michael Wechter
~~P.O. Box 56-2770~~ **10774 SW 133 Ter.**
miami FL ~~33256~~ 33176

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: Michael Wechter, Pres. (Michael Wechter) DATE: 4-27-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Michael Wechter 10774 S.W. 133 Ter. Miami FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Michael Wechter DATE: 4-27-01 DAYTIME PHONE #: 305-254-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

77046

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Attachment
Doc# P95000070187
77046



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 16, 2001

MICHAEL S. WECHTER, CLU & ASSOCIATES, INC.
P.O. BOX 56-2770
MICHAEL S WECHTER, CLU & ASSOC., INC.
MIAMI, FL 33256 US

Mr. Wechter
I received
this ^{report} in my
office.

Perez
Arche
(305)
649 7040

Subject: MICHAEL S. WECHTER, CLU & ASSOCIATES, INC.

Reference Number: P95000070187

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sa
ANNUAL REPORTS SECTION

7-20-01
see attached note
M.W.