

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 026 ***150.00

DOCUMENT # **P95000070910**

1. Entity Name

WHISTLER 314, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21050 NE 38TH AVE

Suite, Apt. #, etc.

APT. 402

3. Mailing Address

21050 NE 38TH AVE

Suite, Apt. #, etc.

APT. 402

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

65-0625357

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **BESNER, J.**

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

21050 NE 38TH AVE,

APT. 402

City

AVENTURA

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PD**
NAME **BESNER, STANLEY**
STREET ADDRESS **21050 NE 38TH AVE APT. 402**
CITY-ST-ZIP **AVENTURA, FL. 33180**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD**
NAME **BESNER, JOANNE**
STREET ADDRESS **21050 NE 38TH AVE APT. 402**
CITY-ST-ZIP **AVENTURA, FL. 33180**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joanne Besner **JOANNE BESNER**

4/08/02

305-932-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)