2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095545 1. Entity Name WELLINGTON HESS, INC.					Secretary of State 04-02-2002 90904 025 ***150.00		
Principal Place of Business		Mailing Address					
14745 SR 80 LOXAHATCHEE FL 33470 US		14745 SR 80 LOXAHATCHEE FL 33470 US					li
2. Principal Place of Business		3. Mailing Address				AIBI BIIRA BALLA BIRAN BIR	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 65-0631920	Applied For Not Applicabl	le
Zip	Country	Zip	Country	5.		8.75 Additional ee Required	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Ro	egistered Agent	Name =	7. l	Name and Address of New Registered A	gent	\dashv
VALDES-FAULI CORPORATE SERVICES INC.							
777 SO. FLAGLER DRIVE STE 500 E			Street A	Street Address (P.O. Box Number is Not Acceptable)			
WEST PA	LM BEACH FL 33401	City			FL Zip Code		
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office or	registered ag	gent, or both, in the State of Florida.	_ 	
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signati	ure required when re	einstating) DATE		
Tax filing requirement and elects to do so. After May		FILE NOW!!! After May 1, 2002 Make Check Payable		50.00 t of State	Election Campaign Financing Trust Fund Contribution.		
11.	OFFICERS AND D	IRECTORS	12.	Treas. AL	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	\exists
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGMAN, BERNARD 2808 NE 32 ST LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sc = # 12576 Rog = /	Polo Book #1.3	•	n(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELDZAHLER, SEYMOUR 91 LAKESHORE DR. ROCKAWAY NJ 07866	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Carol Well,	Bresident Bergman ead water Circle ngton Fl.	☐ Change ★ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	নি ক্রিক্টার বিশ্ব ক্রিক্টার বিশ্ব করে।		NAME STREET ADDRESS CITY-ST-ZIP	Beri 127421 Well	Head water Circle lighton Fl. 33414	K Change ☐ Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change ☐ Additio	nc
TITLE NAME STREET ADDRESS . CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	•		☐ Change ☐ Additio	nc
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Additio	
13. I hereby of indicated of the corchanged,	ertify that the information supplied with the on this report or supplements report is to poration or the receiver or trustee empower or on an attachment with an address, with the product of the control	nis filing does not qualify for the rue and accurate and that my refled to execute this report as that other like empowered.	ne exemption state signature shall he required by Cha	ted in Section ave the same opter 607, Flor	119.07(3)(i), Florida Statutes, I further cert legal effect as if made under oath; that I a ida Statutes; and that my name appears in	fy that the information in an officer or director Block 11 or Block 12 i	if

SIGNATURE:

3-22-02 954.424-1735