2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-19-2000 90026 041 ***150.00

DOCUMENT # P96000038370

1. Entity Name

PROPERTIES - WAG, INC.

Principal Place of Business	Mailing Address
18425 N.W. 2ND AVENUE SUITE 355 MIAMI FL 33169	~~18425 N.W. 2ND AVENUE~~ ~~SUITE 355~~ ~~MIAMI FL 33169-4525~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3242 S.W. 51st St. Suite, Apt. #, etc.
City & State	Ft. Laud. Fla City & State
Zip / Country	Zip 33312 / Country USA

4. FEI Number 65-0671931 — 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
SMITH, WILMA Pres ~~18425 N.W. 2ND AVENUE~~ ~~SUITE 355~~ ~~MIAMI FL 33169~~	PROPERTIES WAG INC. 3242 S.W. 51st St. Ft. Laud. Fl. 33312
	Name: Wilma Smith, Pres.
	Street Address (P.O. Box Number is Not Acceptable): 3242 S.W. 51st St.
	City: Ft. Laud. Fl. FL Zip Code 33312

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 Wilma D. Smith Wilma Smith 6/12/00
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) ☐

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILMA ~~18425 N.W. 2ND AVE. SUITE 355~~ ~~MIAMI FL 33162~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilma Smith 3242 S.W. 51st St. Ft. Laud Fl 33312 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECTOR, ALAN 18425 N.W. 2ND AVE. SUITE 355 MIAMI FL 33162 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James + Carol Davis 3372 SW 51st St. Ft. Lauderdale, FL 33312 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, GEORGE 18425 N.W. 2ND AVE. SUITE 355 MIAMI FL 33162 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marlene Schneider 1456 Chestnut Lane Rochester Hills, MI 48309 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Wilma D. Smith 4/30/00 954 962-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)