

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90062 001 ***150.00
 02-06-2001 90062 002 *****8.75

DOCUMENT # P96000038370

1. Entity Name

PROPERTIES - WAG, INC.

Principal Place of Business

**18425 N.W. 2ND AVENUE
 SUITE 355
 MIAMI FL 33169**

Mailing Address

**3242 SW 51ST STREET
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3242 S.W. 51st St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale Fla

City & State

Zip

33312

Country

USA

Zip

Country

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

**SMITH, WILMA
 3242 SW 51ST STREET
 FORT LAUDERDALE FL 33312**

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

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, 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

TITLE **D** ☒ Delete
 NAME **SMITH, WILMA**
 STREET ADDRESS **3242 SW 51ST STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
 NAME **DAVIS, JAMES & CAROL**
 STREET ADDRESS **3372 SW 51ST STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **D** ☐ Delete
 NAME **SCHNEIDER, MARLENE**
 STREET ADDRESS **1456 CHESTNUT LANE**
 CITY-ST-ZIP **ROCHESTER MI 48309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D.** ☐ Change ☒ Addition
 NAME **Smith Jack L.**
 STREET ADDRESS **3242 S.W. 51st St.**
 CITY-ST-ZIP **Fort Lauderdale Fla 33312**

TITLE **P.** ☒ Change ☐ Addition
 NAME **Smith Wilma D.**
 STREET ADDRESS **3242 S.W. 51st St**
 CITY-ST-ZIP **Fort Lauderdale Fla. 33312**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)