

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040681

1. Entity Name

COLE & WILDS ASSOCIATES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90053 003 ***150.00

Principal Place of Business

Mailing Address

2937 S.W. 27TH AVENUE
SUITE 306
MIAMI FL 33133

2937 S.W. 27TH AVENUE
SUITE 306
MIAMI FL 33133-3772

2. Principal Place of Business

3. Mailing Address

1221 Brickell Avenue

1400 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1780

City & State

Miami, FL

City & State

Coral Gables, FL 33134

4. FEI Number

65-0680745

Applied For

Not Applicable

Zip
33131

Country
USA

Zip
33134

Country
USA

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

WEINER, MARVIN I
2121 PONCE DE LEON BLVD.
SUITE 900
CORAL GABLES FL 33134

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

MARVIN I WEINER

4-23-00

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	D	<input type="checkbox"/> Delete
NAME	COLE, TODD G	
STREET ADDRESS	1400 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	COLE, PAMELA W	
STREET ADDRESS	1400 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLE, TODD, G	
STREET ADDRESS	1400 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4-23-00

Date

Daytime Phone #

CR2E034 (9/99)