

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-22-2001 90623 027 ***150.00

DOCUMENT #

996000013505
 Wenda & Pest, Inc.

1. Entity Name

Principal Place of Business

Mailing Address

2052 NE 121 Rd.
 N. Miami, FL 33181

(UP)

8788

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0711381

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Schimmel, Robert L.
 HESSEN, Schimmel + DeCastro, PA
 3191 Coral Way, PH 2
 MIAMI FL 33145

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NUMBER: 9150
 (After MAY 1, 2001, Fee will be \$350.00)
 Fee is not payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$3.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	President				
	Bradley Gube	2052 NE 121 Rd N. Miami, FL 33181			
	Vice President				
	Patricia Gube	2052 NE 121 Rd N. Miami, FL 33181			

CR2004 (11/00)

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:

Bradley Gube Resident

4/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CHANGING FEE