

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046767

1. Entity Name

WOLFCORP, INC

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90073 046 ***158.75

Principal Place of Business

2186 NW 87 AVE
MIAMI FL 33172
US

Mailing Address

2186 NW 87 AVE
MIAMI FL 33172-2416
US

2. Principal Place of Business

3. Mailing Address

2186 NW 87 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

Zip

Country

Zip

FL

Country

33172

4. FEI Number

65-0668519

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

GONZALEZ, REINALDO
14348 SW 171ST TERRACE
MIAMI FL 33177

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, 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 P
NAME GONZALEZ, REINALDO
STREET ADDRESS 14348 SW 171ST TERRACE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE P
NAME REINALDO GONZALEZ
STREET ADDRESS 2186 NW 87 AVENUE
CITY-ST-ZIP MIAMI FL 33172 ☒ Change ☐ Addition

TITLE V
NAME D'ALESSANDRIA, CARLOS
STREET ADDRESS 611 NW 82ND AVE., #303
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE V
NAME CARLOS D'ALESSANDRIA
STREET ADDRESS 2186 NW 87 AVENUE
CITY-ST-ZIP MIAMI FL 33172 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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: SIGNATURE REINALDO GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/00

Date

305-5995250

Daytime Phone #

CR2E034 (9/99)