

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90155 029 \*\*\*158.75

**DOCUMENT # P96000068600**

1. Entity Name

**WANDA PISTELLA, P.A.**

Principal Place of Business

2601 S. BAYSHORE DR.  
SUITE 1250  
MIAMI FL 33133  
US

Mailing Address

15238 SW 146 TERR  
MIAMI FL 33136  
US

2. Principal Place of Business

3001 Ponce de Leon Blvd

3. Mailing Address

3001 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 262

Suite, Apt. #, etc.

Suite 262

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

6. Name and Address of Current Registered Agent

WANDA PISTELLA  
2601 S BAYSHORE DRIVE  
SUITE 1250  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: Wanda Pistella  
Street Address (P.O. Box Number is Not Acceptable): 3001 Ponce de Leon Blvd.  
Suite 262  
City: Coral Gables FL Zip Code: 33134

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: Wanda Pistella, Wanda Pistella

1/16/01

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: SPD  
NAME: PISTELLA, WANDA  
STREET ADDRESS: 15238 SW 146 TERR  
CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/S/D  
NAME: Wanda Pistella  
STREET ADDRESS: 3001 Ponce de Leon Blvd, Suite 262  
CITY-ST-ZIP: Coral Gables, FL 33134 ☒ Change ☐ Addition

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

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

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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: Wanda Pistella, Wanda Pistella

Date

Daytime Phone #

CR2E034 (10/00)