

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90093 026 ***150.00

DOCUMENT # P96000084963

1. Entity Name
WIFL DEVELOPMENT, INC.

Principal Place of Business 10568 RIO HERMOSO DELRAY BCH FL 33446 US	Mailing Address 10568 RIO HERMOSO DELRAY BCH FL 33446 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3413272** Applied For
 Not Applicable

Zip Country Zip Country

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

**PARIS, RAY
 10568 RIO HEEMOS
 DELRAY BCH FL 33446**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VD	PARIS, RAY 10568 RIO HERMOS DELRAY BEACH FL		
TD	HAMID, SUMON 5698 VINTAGE OAKS CIRCLE DELRAY BCH FL 33484	TD	HAMID SUMON 5968 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484
PSD	SAMI, ALLEN 2658 NW 64TH BLVD BOCA RATON FL	PSD	SAMI, ALLEN 3782 COVENTRY LN. BOCARATON, FL 33496

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: **PARIS RAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/4/02** Daytime Phone #: **(561) 499-5809**

CR2E034 (9/01)