

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016559

1. Entity Name
W C HOLDINGS INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90313 014 ***150.00

Principal Place of Business

1730 SW 30TH AVE
PEMBROKE PARK FL 33009
US

Mailing Address

P.O. BOX 4198
HOLLYWOOD FL 33083

C0039888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11030 SW 42 PL

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 550488

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0751540

Applied For

Not Applicable

Zip

33328

Country

US

Zip

33355

Country

US

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

ARMBRUST, JOHN C
2501 S.W. 56TH AVENUE
1730 SW 30TH AVE
PEMBROKE PARK FL 33009

Name

ROBERT D. SMITH

Street Address (P.O. Box Number is Not Acceptable)

11030 SW 42 PLACE

City

DAVIE

FL

Zip Code

33328

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ROBERT, 1730 SW 30TH AVE PEMBROKE PARK FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURBULL, ROBERT 1230 SW 30TH AVE PEMBROKE PARK FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- GARCIA, JOSE 1730 SW 30TH AVE PEMBROKE PK FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMITH, STEVEN 1730 SW 30TH AVE PEMBROKE PK FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARMBRUST, J 1730 SW 30TH PEMBROKE PK FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBERT D. SMITH 11030 SW 42 PL DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D SMITH

3/29/01 EST 224-1960

Date Daytime Phone #

CR2E034 (10/00)