

AMENDED \$61.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023507
1. Entity Name
WILLIAM ENTERPRISES OF WEST PALM BEACH, INC.



FILED

03 OCT 30 AM 10:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business
555 ARLINGTON DRIVE
WEST PALM BEACH, FL 33415 US
Mailing Address
555 ARLINGTON DRIVE
WEST PALM BEACH, FL 33415 US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0732729
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VEGA, WILLIAM
555 ARLINGTON DRIVE
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$81.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include VEGA, WILLIAM (P) and VEGA, MINERVA (VP).

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row includes SECRETARY JULIO LOZADA. Includes handwritten signature and date 10/20/03.

CR2EC34 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 10/20/03 561-682-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #