

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037956

1. Entity Name

WILL PERFORM CORP.

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

08-14-2000 90001 042 \*\*\*150.00

Principal Place of Business

19466 NW 62ND AVENUE  
MIAMI FL 33015

Mailing Address

19466 NW 62ND AVENUE  
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0759905

Applied For

Not Applicable

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

NGUYEN, WILLIAM  
19466 NW 62ND AVENUE  
MIAMI FL 33015

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
D  
NGUYEN, WILLIAM  
19466 NW 62ND AVENUE  
MIAMI FL 33015 ☐ Delete

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

081400

Attachment  
DH p9700037956  
DW78659

Will Perform Corp.  
19466 NW 62 Ave  
Miami, FL 33015  
FEI # 65-0759905  
July 10, 2000

To Whom It May Concern.

I filed for Will Perform Corp. uniform business report on April 16, 2000. I do not know way you have not received yet.

I spoke to a representative and was told to refile and attach this letter to waive the late charges.

Will Perform is very much inactive at the moment. I the late charge will not be waived, I will choose to dissolve the corporation

Thank you for your understanding

A handwritten signature in black ink, consisting of a long horizontal stroke with a loop at the end and a vertical stroke crossing it.