

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90165 031 ***150.00

DOCUMENT # P97000061695

1. Entity Name
WSI-MIAMI, INC.

Principal Place of Business

515 E.LAS OLAS BLVD
STE.#1500
FT.LAUDERDALE FL 33301

Mailing Address

LINDA GREER
1001 FLEET ST.8TH FL
BALTIMORE MD 21201
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0768949

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

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL
TALLAHASSEE FL 32303

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 \$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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOEHN-SARIC, R C	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	VST	<input type="checkbox"/> Delete
NAME	ZENTZ, ROBERT W	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCGEE, B L	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER, DOUGLAS L	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	CREAMER, SEAN	
STREET ADDRESS	1000 LANCASTER ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1001 Fleet St.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1001 Fleet St.	
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1/14/02

Date

Daytime Phone #

CR2E034 (9/01)