

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062006

1. Entity Name

4HE WALL STREET GROUP ENTERPRISES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90286 031 \*\*\*150.00

Principal Place of Business

13770 TONBRIDGE COURT  
BONITA SPRINGS FL 34135

Mailing Address

13770 TONBRIDGE COURT  
BONITA SPRINGS FL 34135-3455

2. Principal Place of Business

13710 Tonbridge CT.  
Suite, Apt. #, etc.

3. Mailing Address

13710 Tonbridge CT.  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3500984

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

BONTEN, CARLA E  
13770 TONBRIDGE COURT  
BONITA SPRINGS FL 34135

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.

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, 2000 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BONTEN, CARLA E  
CITY-ST-ZIP 13770 TONBRIDGE COURT  
BONITA SPRINGS FL 34135

TITLE ☒ Delete  
NAME D  
STREET ADDRESS MALIK, JOSEPH E  
CITY-ST-ZIP 285 BAHIA VIA  
ESTERO ISLAND FL 33931

TITLE ☒ Delete  
NAME D  
STREET ADDRESS WILBERT, EDMUND W  
CITY-ST-ZIP 285 BAHIA VIA  
ESTERO ISLAND FL 33931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

Date

2/27/00 (941)9499122

CR2ED34 (9/99)