

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90067 031 ***150.00

DOCUMENT # P97000062636

1. Entity Name
X-TREME THE ROCK CLIMBING CENTER OF MIAMI, INC.



Principal Place of Business
**13972 SW 139 CT
MIAMI FL 33186
US**

Mailing Address
**13972 SW 139 CT
MIAMI FL 33186
US**

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 **65-0769833**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WALLONER, DEREK
1852 SW 90 COURT
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name **WAGGONER, DEREK**

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

~~1852 SW 90 COURT~~ **9815 SW 196 ST**

City **MIAMI FL**

Zip Code **FL 33157**

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 reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WAGGONER, WENDI R**
STREET ADDRESS **18524 SW 90 COURT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VSTD** ☐ Delete
NAME **WAGGONER, DEREK S**
STREET ADDRESS **18524 SW 90 COURT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9815 SW 196 ST**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEREK WAGGONER

1-5-03

305-790-1207

Date

Daytime Phone #

CR2E034 (10/02)