

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90021 018 ***150.00

DOCUMENT # P97000076365

1. Entity Name

WILDE SITE, INC.

Principal Place of Business

Mailing Address

3300 BISCAYNE BLVD., SUITE D2
MIAMI FL 33137
US

3300 BISCAYNE BLVD., SUITE D2
MIAMI FL 33138-6106
US

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2. Principal Place of Business

3. Mailing Address

6200 NE 4th COURT
Suite, Apt. #, etc.

6200 NE 4th COURT
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0779227

Applied For

Not Applicable

Zip

33138

Country

USA

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

CHRIST, THOMAS
3300 BISCAYNE BLVD., SUITE D2
MIAMI FL 33132

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

THOMAS CHRIST

01/04/00

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 P
NAME CHRIST, THOMAS
STREET ADDRESS 3300 BISCAYNE BLVD #D2
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME THOMAS CHRIST
STREET ADDRESS 6200 NE 4th COURT
CITY-ST-ZIP MIAMI FL 33138 ☒ Change ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Delete

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 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

01/04/00

Date

Daytime Phone #

505 754 5300