

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90509 036 \*\*\*150.00

**DOCUMENT # P97000091613**

1. Entity Name  
**W.I. UNIT 2604 CORPORATION**



Principal Place of Business  
**C/O 2420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

Mailing Address  
**C/O 2420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

**11002615**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI FL**

4. FEI Number **65-0800569**

Applied For  
Not Applicable

Zip

Country

Zip  
**33131**

Country  
**US**

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

**MELAND, MARK S ESQ  
MELAND & RUSSIN, P.A.  
200 SOUTH BISCAYNE BOULEVARD #2420  
MIAMI FL 33131**

Name  
**Melond Russin Hellingier + Buckwick PA.**  
Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Blvd.  
3000 Wachovia Financial Center  
City - MIAMI FL Zip Code 33131**

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.

**MARK MELANO** (NOTE: Registered Agent signature required when reinstating)

**3/2/03** 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSC** ☐ Delete  
NAME **MORENO, GINA VALLE**  
STREET ADDRESS **2600 ISLAND BOULEVARD, #2604**  
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE **VP** ☐ Delete  
NAME **MELAND, MARK S**  
STREET ADDRESS **200 SOUTH BISCAYNE BLVD., SUITE 2420**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK MELANO** Date **4/14/03** Daytime Phone # **(305) 358-6363**

CR2E034 (10/02)