

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/2000 09:00:00 AM

DOCUMENT # P98000016256

1. Entity Name

WELLINGTON RESEARCH ASSOCIATES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-01-2000 90438 030 ***150.00

Principal Place of Business

1897 PALM BEACH LAKES BLVD
SUITE 120
WEST PALM BEACH FL 33409

Mailing Address

1897 PALM BEACH LAKES BLVD
SUITE 120
WEST PALM BEACH FL 33409-3509

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

58-2383016

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DE MENDOZA, MARIO G III~~
~~251 ROYAL PALM WAY, STE 602~~
~~PALM BEACH FL 33480~~

Name

Audrey Haber Phd.

Street Address (P.O. Box Numbers Not Acceptable)

1897 PALM BEACH LAKES BLVD.

Suite 120

City

West Palm Beach

FL

Zip Code

33409

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

4-21-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HABER, AUDREY PH.D.	
STREET ADDRESS	1897 PALM BEACH LAKES BLVD., SUITE 120	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MISKIN, BARRY M M.D.	
STREET ADDRESS	1897 PALM BEACH LAKES BLVD., SUITE 120	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

4-21-00

561-689-0606

CR2034 (9/99)