

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022862

1. Entity Name

WAHRENARD REAL ESTATE, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

07-24-2000 90011 038 ***550.00

Principal Place of Business

3304 NORTHWEST 79TH AVENUE
 MIAMI FL 33122

Mailing Address

3304 NORTHWEST 79TH AVENUE
 MIAMI FL 33122

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 23-2963898

Applied For

Not Applicable

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

YUNGE, MAURICIO
 3305 NORTHWEST 79TH AVENUE
 MIAMI FL 33122

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
 NAME BOTHE, E M
 STREET ADDRESS 1101 ENTERPEISE DR
 CITY-ST-ZIP ROYERS FORD PA 19468

TITLE ☐ Change ☒ Addition
 NAME ADEL RIZK
 STREET ADDRESS 1101 ENTERPEISE DR
 CITY-ST-ZIP ROYERS FORD PA 19468

TITLE VP ☐ Delete
 NAME SWEEN, JEFFREY W
 STREET ADDRESS 1101 ENTERPEISE DR
 CITY-ST-ZIP ROYERS FORD PA 19468

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

TITLE S ☐ Delete
 NAME CALLIS, MARGO
 STREET ADDRESS 1101 ENTERPEISE DR
 CITY-ST-ZIP ROYERS FORD PA 19468

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

TITLE T ☒ Delete
 NAME KRAFT, KEVIN K
 STREET ADDRESS 1101 ENTERPEISE DR
 CITY-ST-ZIP ROYERS FORD PA 19468

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

TITLE AT ☒ Delete
 NAME GOOD, DUANE A
 STREET ADDRESS 1101 ENTERPEISE DR
 CITY-ST-ZIP ROYERS FORD PA 19468

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

TITLE ☐ Delete
 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 filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

(305) 592-1500

UBR 11.07.03.12 CF