

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90125 030 ***158.75

DOCUMENT # P98000026856

1. Entity Name
W.F. PARTNERS, INC.



Principal Place of Business
**4665 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**

Mailing Address
**C/O THOMAS D. WOOD JR.
4665 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

95 Merrick Way

3. Mailing Address

95 Merrick Way

Suite, Apt. #, etc.

Suite 360

Suite, Apt. #, etc.

Suite 360

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

65-0825524

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, THOMAS D JR
4665 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **WOOD, THOMAS D. JR.**

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

95 Merrick Way

Suite 360

City **Coral Gables**

FL

Zip Code

33134

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

Thomas D. Wood Jr.

2/12/03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, THOMAS D SR.	
STREET ADDRESS	4665 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, THOMAS D JR.	
STREET ADDRESS	4665 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAY, MICHAEL T	
STREET ADDRESS	4665 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	WOOD, THOMAS D. SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	95 Merrick Way	
STREET ADDRESS	Suite 360 Coral Gables, FL	
CITY-ST-ZIP	33134	
TITLE	WOOD, THOMAS D. JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	95 Merrick Way	
STREET ADDRESS	Suite 360	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	FAY, MICHAEL T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	95 Merrick Way	
STREET ADDRESS	Suite 360	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

305-447-7820

Daytime Phone #

CR2E034 (10/02)