

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029200

1. Entity Name

W. S. INVESTMENT PROPERTIES CORP.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90003 031 ***550.00

Principal Place of Business

130 N.W. 39 STREET
MIAMI FL 33127
US

Mailing Address

% M. PATRICK
1141 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154-2012

2. Principal Place of Business

~~130 N.W. 39 STREET~~
Suite, Apt. #, etc.
130 NW 39 St

3. Mailing Address

541 NW 79 St

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0850685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33127

Country

None

Zip

33150

Country

None

6. Name and Address of Current Registered Agent

PATRICK, MARTY
MARTIN HOWARD PATRICK, P.A.
1141 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

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 \$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 AROCHO, SANAY
STREET ADDRESS 130 N.W. 39 STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE VP
NAME BERRIOS, WILLIE
STREET ADDRESS 130 N.W. 39 STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: Willie Bonis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-00

305 772 9522

Date

Daytime Phone #

CR2E034 (9/99)