

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90190 019 ***150.00

DOCUMENT # P98000050875
1. Entity Name
 The Womb Inc.

Principal Place of Business 1141 71st St.
 Miami, FL 33141
Mailing Address 1141 71st St.
 Miami, FL 33141

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 65-0848725
 Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0048661

6. Name and Address of Current Registered Agent
 Ray S Willig
 1141 71st St.
 Miami, FL 33141

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	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	1360 Collins Ave. #205	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	NAME	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	Duncan Ross	
CITY-ST-ZIP	3100 N. Bay Rd.	
	Miami Beach, FL 33140	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Ray Willig	
CITY-ST-ZIP	4035 Meridian Ave. #1	
	Miami Beach, FL 33140	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Ray Willig** **2/9/00** **305-865-1695**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)