

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91077 026 ***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**

00055075

2. Principal Place of Business

**1360 Collins Ave
 Suite Apt. #, etc. 205**

3. Mailing Address

**1360 Collins Ave
 Suite Apt. #, etc. 205**

City & State

**Miami Beach
 Zip 33139 Country Dade**

City & State

**Miami
 Zip 33139 Country Dade**

4. FEI Number **65-0848725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIG, RAY S
 1141 71ST ST.
 MIAMI FL 33141**

7. Name and Address of New Registered Agent

Name **John Wentley**
 Street Address (P.O. Box Number is Not Acceptable)
1308 Drexel Ave. #102
 City **Miami** FL Zip Code **33139**

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

John Wentley John Wentley

4/27/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	GRAZIADEI, MARK C	
STREET ADDRESS	1360 COLLINS AVE #205	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIG, RAY S	
STREET ADDRESS	4035 MERIDIAN AVE., #1	
CITY-ST-ZIP	MIAMI BCH FL 33140	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Wentley	
STREET ADDRESS	1308 Drexel Ave. #102 Miami FL 33139	
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		
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:

John Wentley John Wentley

4/27/01

305-613-5953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)