## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

## **FILED** DOCUMENT # P98000070647 May 15, 2000 8:00 am 1. Entity Name Secretary of State WFM PRINTING, INC. 05-15-2000 90228 006 \*\*\*150.00 Principal Place of Business Mailing Address 3100 N.W. BOCA RATON BLVD. 3100 N.W. BOCA RATON BLVD. SUITE 219 **SUITE 219 BOCA RATON FL 33431** BOCA RATON FL 33431-6658 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0863702 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERLO, ANDREW Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD. SUITE 325 **BOCA RATON FL 33431** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. n ▼ Addition Delete TITLE TITLE KIM WEINSTOCK BLW., SUITE 219 WEINSTOCK, AL NAME NAME 3100 N.W. BOCA RATON BLVD., SUITE 219 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE WEINSTOCK, INGRID NAME NAME 3100 N.W. BOCA RATON BLVD., SUITE 219 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 withan address, with all other like empowered

WEINSTOCK