

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2000 90019 038 ***150.00

DOCUMENT # P98000071494

1. Entity Name
W R INVESTMENT CORPORATION

Principal Place of Business 3300 N.E. 191ST STREET APT 417 AVENTURA FL 33180	Mailing Address 3300 N.E. 191ST STREET APT 417 AVENTURA FL 33180-4025
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C0011763



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1893 N.E. 164TH STREET Suite, Apt. #, etc. #110 City & State NORTH MIAMI BEACH FL	3. Mailing Address 1893 N.E. 164TH STREET Suite, Apt. #, etc. #110 City & State NORTH MIAMI BEACH FL,
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4. FEI Number **65-0877924** Applied For
 Not Applicable

Zip 33162	Country USA	Zip 33162	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOLFF, ROBERTO
~~3300 N.E. 191ST STREET~~
~~#1508~~
~~AVENTURA FL 33180~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
21205 YACHT CLUB DR
#2907 N TOWER
 City **AVENTURA** **FL** Zip Code **33180**

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 _____ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RUETTER, ANDREA F 3300 N.E. 191ST STREET, #417 AVENTURA FL 33180	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUETTER, ANDREA F 3300 N.E. 191ST STREET, #417 AVENTURA FL 33180	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFF, BEATRIZ 3300 N.E. 191ST STREET, #417 AVENTURA FL 33180	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21205 YACHT CLUB DR #2907 N TOWER AVENTURA FL, 33180	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21205 YACHT CLUB DR #2907 N TOWER AVENTURA FL, 33180	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21205 YACHT CLUB DR #2907 N TOWER AVENTURA FL, 33180	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Beatriz Wolff* *Be Wolff* Date: **1-20-00** (305) 792-9503
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)