

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076705

1. Entity Name

W G TECHNOLOGIES, INC.

FILED

01 JAN 30 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16550 N.E. 6TH AVENUE
MIAMI FL 33162

Mailing Address

16550 N.E. 6TH AVENUE
MIAMI FL 33162

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT 0-01

4. FEI Number 65-0863674

Applied For
Not Applicable

5. Certificate of Status Desired **SP**

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GABOR, IVAN
16550 N.E. 6TH AVENUE
MIAMI FL 33162

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

IVAN GABOR V.P.

11-26-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME: GABOR, IVAN
STREET ADDRESS: 16550 N.E. 6TH AVENUE
CITY-ST-ZIP: MIAMI FL 33162
 Delete

TITLE: D
NAME: WERTHEIM, REWEN
STREET ADDRESS: 555 NE 34TH ST.
CITY-ST-ZIP: MIAMI FL 33137
 Delete

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: Change Addition
NAME: DIZ HARAV Ashi Str
STREET ADDRESS: Tel-AVIV ISRAEL 69395
CITY-ST-ZIP: WERTHEIM Rewen

TITLE: Change Addition
NAME: 600003661476-0
STREET ADDRESS: -02/08/01--01043--007
CITY-ST-ZIP: ****908.75 ****908.75

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

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

TITLE: Change 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:

SIGMANUGABORUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/00 (305) 944-8724

Date Daytime Phone #

CR2E034 (5/00)