

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90027 048 \*\*\*150.00

DOCUMENT # P98000088154

1. Entity Name

T. WILLS CORP.

Principal Place of Business

8030 N.W. 154TH STREET  
MIAMI LAKES FL 33016

Mailing Address

8030 N.W. 154TH STREET  
MIAMI LAKES FL 33016

10190 SW 198th  
MIAMI, FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0870571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLS, WENDY

8030 NW 154TH STREET  
MIAMI LAKES FL 33016

10190 SW 198th  
MIAMI, FL 33157

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

Wendy Mary Wills

3/23/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME WILLS, WENDY

STREET ADDRESS 8030 NW 154TH ST 10190 SW 198th

CITY-ST-ZIP MIAMI LAKES FL 33016 MIAMI FL 33157

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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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:

Wendy Mary Wills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

305 592 7827

Daytime Phone #

CR2E034 (10/00)