

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094952

1. Entity Name

WIRE PUBLISHING, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90091 008 ***150.00

Principal Place of Business

Mailing Address

927 LINCOLN ROAD
SUITE 108
MIAMI BEACH FL 33139

PO BOX 398537
MIAMI BEACH FL 33239-8537

2. Principal Place of Business

3. Mailing Address

9553 Harding Avenue
Suite, Apt. #, etc.

P.O. Box 547055
Suite, Apt. #, etc.

* 312

City & State
Surfside, FL

City & State
Surfside, FL

Zip
33154

Country
USA

Zip
33154

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874871

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

KNOX, ELLEN
MCKEAN, PAUL, CHRYCY, FLETCHER & CO.
6401 SW 87 AVE #210
MIAMI FL 33173

Name
Louise S. Delaplane

Street Address (P.O. Box Number is Not Acceptable)
9920 Collins Ave #12

1

City
Bal Harbour

FL

Zip Code
33154

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 *L. S. Delaplane*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELAPLAINE, LOUISE S
9920 COLLINS AVE #12
BAL HARBOUR FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D P ST
Delaplane, Louise S.
9920 Collins Ave #12
Bal Harbour, FL 33154 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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

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: *L. S. Delaplane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000

Date

305-798-5642

Daytime Phone #

CR2E034 (9/99)