

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099131

1. Entity Name

WMPC, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90041 037 ***150.00

Principal Place of Business

Mailing Address

2500 WESTON ROAD, #103
WESTON FL 33331

2500 WESTON ROAD, #103
WESTON FL 33331-3616

2. Principal Place of Business

7220 NW. 36th

3. Mailing Address

7220 NW. 36th

Suite, Apt. #, etc.

510

Suite, Apt. #, etc.

510

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0906300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLO, LUIS F
1200 DANBURY AVE.
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name Gallo, Luis F.

Street Address (P.O. Box Number is Not Acceptable)

7220 NW. 36th

Suite 510

City Miami

FL

Zip Code

33166

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]

AGENT

1/11/2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	JARAMILLO, BERNARDO	
STREET ADDRESS	2500 WESTON ROAD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	V	<input type="checkbox"/> Delete
NAME	CALDERON DE JARAMILLO, BEATRIZ	
STREET ADDRESS	2500 WESTON ROAD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	S	<input type="checkbox"/> Delete
NAME	JARAMILLO, ANDRES	
STREET ADDRESS	2500 WESTON ROAD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	T	<input type="checkbox"/> Delete
NAME	JARAMILLO, CONSTANZA	
STREET ADDRESS	2500 WESTON ROAD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 any address, with all other like empowered.

SIGNATURE:

[Signature] PRESIDENT

1/11/2000

(305) 513-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)