2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # **P98000099131** 1. Entity Name WMPC, INC. 05-12-2001 90014 029 ***150.00 Principal Place of Business Mailing Address 7220 NW 36 ST 7220 NW 36 ST SUITE 510 SUITE 510 MIAM! FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0906300 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLO, LUIS F Street Address (P.O. Box Number is Not Acceptable) 7220 NW 36TH ST SUITE 510 **MIAMI FL 33166** 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, ty me of registered agent and title if applicable. ered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Change ☐ Addition NAME JARAMILLO, BERNARDO STREET ADDRESS 2500 WESTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Delete TITLE Change ☐ Addition CALDERON DE JARAMILLO, BEATRIZ NAME STREET ADDRESS STREET ADDRESS 2500 WESTON ROAD CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 Defete ATITE E ☐ Addition NAME JARAMILLO, ANDRES NAME STREET ADDRESS STREET ADDRESS 2500 WESTON ROAD CITY-ST-ZIP CITY-ST-7IP WESTON FL 33331 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME JARAMILLO, CONSTANZA NAME STREET ADDRESS 2500 WESTON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 TÎTLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

04-06-01

Daytime Phone #