

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90034 048 ***150.00

DOCUMENT # P98000103168

1. Entity Name

F. WOLFE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~3791 NE 209 Terrace~~

3. Mailing Address

~~3791 NE 209 Terrace~~

Suite, Apt. #, etc. **21175 MAIN SAIL CIRCLE #E-11**

Suite, Apt. #, etc. **21175 MAIN SAIL CIRCLE #E-11**

City & State
Aventura, Florida

City & State
Aventura, Florida

Zip
33180

Country
U.S.

Zip
33180

Country
U.S.

4. FEI Number 65-0880397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Wolfe, Fred**

Street Address (P.O. Box Number is Not Acceptable)
21175 MAIN SAIL CIRCLE #E-11

3791 N.E. 209 Terrace

City **Aventura**

FL

Zip Code
33180

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 re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **Wolfe, Fred**
STREET ADDRESS **~~3791 N.E. 209 Terrace~~ 21175 MAIN SAIL CIRCLE #E-11**
CITY-ST-ZIP **Aventura, FL 33180**

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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 on an attachment with an address, with another like empowered.

SIGNATURE: *X* **Fred Wolfe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **4/26/02 305-937-2061**
Date Daytime Phone #

CR2E034B (12/01)