## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P99000002532 1. Entity Name W.STUDIO, INC. 04-27-2001 90326 023 \*\*\*150.00 Principal Place of Business Mailing Address 4045 S.W. 15TH ST., 4045 S.W. 15TH ST., #G212 # B212 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 Principal Place of Business 8349 NW 3 NW 38th dr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0886212 SPRINGS Not Applicable \$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 SMITH, ROBERT H 3170 N. FEDERAL HWY., S-100 LIGHTHOUSE POINT FL 33064 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 03-23.01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Delete TITLE TITLE IMA, CARLOS COMUNDO CARIDS, LIMA NAME NAME 8949 NW 38th Or 4045 SW 15 ST #G212 STREET ADDRESS STREET ADDRESS 33065 CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-7IP CORAL SPRINGS - FI Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: SIGNING OFFICER OF GNATURE AND TYPED OF NTED NAME OF Davtime Phone #