

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 10, 2000 8:00 am
Secretary of State

03-24-2000 90059 026 ***150.00

DOCUMENT # P99000003190
 Entity Name
WALMOR, INC.

| | |
|--|---|
| Principal Place of Business 11 NW 214TH STREET 105 NORTH MIAMI FL 33169 | Mailing Address 701 NW 214TH STREET #105 NORTH MIAMI FL 33169-2012 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | |
|------------------------------|-------------------------------|
| 4. FEI Number 65-890 9279 | Applied For Not Applicable |
|------------------------------|-------------------------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent
 TAYLOR, MICHAEL
 20401-NW-2ND AVENUE
 SUITE 203
 MIAMI, FL 33169

7. Name and Address of New Registered Agent
 Name: WALDIN MORGAN
 Street Address (P.O. Box Number is Not Acceptable): 701 NW 214 ST #
 City: MIAMI FL Zip Code: 33169

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: WALDIN MORGAN (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/00

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

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| NAME PD MORGAN, WALDIN C STREET ADDRESS 701 NW 214TH STREET CITY-ST-ZIP NORTH MIAMI FL 33169 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: WALDIN MORGAN DATE: 2/17/00 DAYTIME PHONE #: (205) 652-8806

CR2E034 (9/99)