

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007442

1. Entity Name

WLD REAL ESTATE PARTNERS 1999, INC.

Principal Place of Business

450 EAST LAS OLAS BLVD. #900
FORT LAUDERDALE FL 33301

Mailing Address

450 EAST LAS OLAS BLVD. #900
FORT LAUDERDALE FL 33301-2223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0890148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORVITZ, DAVID
450 EAST LAS OLAS BLVD. #900
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 D ☐ Delete
NAME HORVITZ, DAVID
STREET ADDRESS 450 EAST LAS OLAS BLVD. #900
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☒ Delete
NAME HORVITZ, WILLIAM D
STREET ADDRESS 450 EAST LAS OLAS BLVD. #900
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ Delete
NAME ROTH, LINDA H
STREET ADDRESS 450 EAST LAS OLAS BLVD. #900
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S/T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME F MELVIN BURTON
STREET ADDRESS 450 E Las Olas Blvd., Suite 900
CITY-ST-ZIP Fort Lauderdale, FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90148 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (0/00)