

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000013060**

1. Entity Name

W.E. COMPUTABLE INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91406 014 ***158.75

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

7720 NW 36 ST

7720 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 245

STE 245

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33166

USA

33166

4. FEI Number

Applied For

Not Applicable

65-0907931

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PEDRO J. MORENO

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

18151 NE 31ST COURT #808

City

AVENTURA

FL

Zip Code

33160

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WOLFGANG RODRIGUES	
STREET ADDRESS	18151 NE 31ST COURT #808	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NADEZHDA MORENO	
STREET ADDRESS	18151 NE 31ST COURT #808	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEDRO MORENO	
STREET ADDRESS	18151 NE 31ST COURT #808	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)