

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00-90201-035-\$150.00-\$150.00

DOCUMENT # P99000023126

1. Entity Name

WEITNAUER DUFREPEX, INC.

FILED

00 JUN -9 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801

200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801-1956

2. Principal Place of Business

10300 N.W. 19th St.

3. Mailing Address

P.O. Box 226170

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

59-2456750

Applied For

Not Applicable

Zip

33172

Country

Zip

33122-6170

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
200 E. ROBINSON ST. STE. 500
ORLANDO FL 32801

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 _____ (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	D	<input type="checkbox"/> Delete
NAME	HENDRY, ROBERT R.	
STREET ADDRESS	200 E. ROBINSON ST. STE. 500	
CITY-ST-ZIP	ORLANDO FL 32801	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, JOSE	
STREET ADDRESS	10300 NW 19th Street, Suite 114	
CITY-ST-ZIP	Miami, FL 33192	
TITLE	VP/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APONTE, JOSE	
STREET ADDRESS	10300 NW 19th Street, Suite 114	
CITY-ST-ZIP	Miami, FL 33192	
TITLE	VP/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, LOUIS	
STREET ADDRESS	10300 NW 19th Street, Suite 114	
CITY-ST-ZIP	Miami, FL 33192	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Cohen Louis COHEN

Date

4/12/00

Daytime Phone #

305-591-1263

CR2E034 (9/99)

SP