

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2000 90269 039 ***150.00

DOCUMENT # P99000027383

1. Entity Name
WHIRLWIND 2000, INC.

Principal Place of Business C/O FRANK EFFMAN. ET. AL 8000 PETERS ROAD PLANTATION FL 33324	Mailing Address C/O FRANK EFFMAN. ET. AL 8000 PETERS ROAD PLANTATION FL 33324-4030
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2. Principal Place of Business WHIRLWIND 2000, INC 5529 SW 119 TH AVE Suite, Apt. #, etc.	3. Mailing Address WHIRLWIND 2000, INC 5529 SW 119 AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State COOPER CITY - FL	City & State COOPER CITY - FL	4. FEI Number 650920436	Applied For <input type="checkbox"/> Not Applicable
Zip 33330	Country BROWARD	Zip 33330	Country BROWARD
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEINBERG, STEVE 8000 PETERS ROAD SECOND FLOOR PLANTATION FL 33324	7. Name and Address of New Registered Agent Name WILLIAM ORTEGA Street Address (P.O. Box Number is Not Acceptable) 5529 SW 119 AVE City COOPER CITY - FL FL Zip Code 33330
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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 *William Ortega* DATE 2/26/00

Signature: typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORTEGA, WILLIAM		NAME ORTEGA, WILLIAM	
STREET ADDRESS C/O 8000 PETERS ROAD		STREET ADDRESS 5529 SW 119 AVE	
CITY-ST-ZIP PLANTATION FL 33324		CITY-ST-ZIP COOPER CITY - FL 33330	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORTEGA, ELISA		NAME ORTEGA, ELISA	
STREET ADDRESS C/O 8000 PETERS ROAD		STREET ADDRESS 5529 SW 119 AVE - COOPER CITY - FL 33330	
CITY-ST-ZIP PLANTATION FL 33324		CITY-ST-ZIP 5529 SW 119 AVE - COOPER CITY - FL 33330	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *William Ortega* DATE: 2/26/00 DAYTIME PHONE #: 954-434-2858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)