

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033908

1. Entity Name

W.C.H.-N-SOBE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90054 027 ***150.00

Principal Place of Business

Mailing Address

2400 S. RIDGEWOOD AVE., UNIT 22
SOUTH DAYTONA FL 32119

P.O. BOX 3011
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

3. Mailing Address

3133 Commadore Plaza
Suite, Apt. #, etc.

1500 Bay Rd.
Suite, Apt. #, etc.

City & State

City & State

Coconut Grove, FL

Miami Bch, FL

Zip

Country

Zip

Country

33133

America

33139

America

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, WINDY C
2400 S. RIDGEWOOD AVE., UNIT 22
SOUTH DAYTONA FL 32119

Name
Windy C. Henry
Street Address (P.O. Box Number is Not Acceptable)
1500 Bay Rd. Apt. 1236
City
Miami Bch FL Zip Code
33139

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 Windy C. Henry Pres.
Signature, typed or printed name of registered agent and title if applicable

Windy C. Henry Pres. 4/30/00
(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 PD ☐ Delete
NAME HENRY, WINDY C
STREET ADDRESS P.O. BOX 3011
CITY-ST-ZIP NEW SMYRNA BEACH FL 32170

TITLE PD ☒ Change ☐ Addition
NAME HENRY, WINDY C
STREET ADDRESS 1500 Bay Rd. Apt 1236
CITY-ST-ZIP Miami Bch, FL 33139

TITLE VSTD ☐ Delete
NAME HENRY, MICHAEL R
STREET ADDRESS P.O. BOX 3011
CITY-ST-ZIP NEW SMYRNA BEACH FL 32170

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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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: Windy C. Henry Pres. Windy C. Henry Pres. 04/30/00 (305) 531-3679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)