## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P99000034063 WESCHIEF INVESTMENTS INC

MESOPILL INAESTMENTS' INC.						05-05-2000 90013 004 ***150.00						
Principal Place of Business 12250 SOUTHWEST 60TH COURT MIAMI FL 33156		Mailing Address 12250 SOUTHWEST 60TH COURT MIAMI FL 33156-5604			7							
					ļ	:	0000	7440				
					_] []	ERKIRA NA (RKR)	ERRE <b>He</b> rre Berr <sup>i</sup> B		eren eene ek			
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State		City & State			(4) FEIN	lumber	01470			plied For	]	
Zip Country		Zip Coun					91470	_ \$	8.75 Add	t Applicable		
		<u> </u>	L	<u> </u>		icate of Status	<u> </u>	Fe	e Require			
	6. Name and Address of Current R	egistered Agent		-Name=	7. Name	and Addres	s of New Re	gistered Ag	ent			
WISEMAN, WESLEY R				Street Address (P.O. Box Number is Not Acceptable)								
	Northeast 99th Street II Shores FL 33138			<del>_</del> _	<del></del> _	<u> </u>		<del></del>		<u></u>	-	
IANAN	II SHORES PL 30100		}	City		1 2		FL	Zip Code	<del></del>	1	
		<del> </del>				<u> </u>	State of Flori				-	
8. The above	named entity submits this statement for t	the purpose of changing its	registered	a onice or regist	tered agent, i	or both, in the	State of Flori	ua.			}	
SIGNATURE _	Signature, typed or printed name of registered agent and	d title it applicable (NOTE	F Registered	Agent signature requi	red when reinstati	ng)		DATE				
<del></del>		FILE NOW!									1	
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 20 Make Check Payat	000 Fee v	will be \$550.00	)	<ol> <li>Election Ca</li> <li>Trust Fund</li> </ol>	mpaign Fina Contribution.		\$5.0 Added	May Be to Fees		
11.	OFFICERS AND D	IRECTORS	12.		ADDITI	ONS/CHANG	ES TO OFFIC	ERS AND	DIRECTORS	3 IN 11		
TITLE	PD WESLEY B	Delete	TITLE NAME	ſ				1	Change	Addition Addition	17. Z. 7. 19. E. 1	
NAME STREET ADDRESS	WISEMAN, WESLEY R 933 NORTHEAST 99TH STREET			T ADDRESS							∵   ∵	
CITY-ST-ZIP	MIAMI SHORES FL 33138			ST-ZIP		<u>'</u> -				Addition	] [2]	
TITLE NAME	VD Blate, Clifford J	☐ Delete	TITLE NAME			ļ	ļ		Change	Addition	,-	
STREET ADDRESS	12250 SOUTHWEST 60TH COUR	r		T ADDRESS ST-ZIP								
TIŢĿĘ	MIAMI FL 33156	☐ Delete	TITLE		<u> </u>				Change	Addition		
NAME STREET ADDRESS			NAME STREE	T ADDRESS				-V			[	
CITY-ST-ZIP				ST-ZIP								
TITLE		☐ Delete	TITLE NAME					l	Change	Addition		
NAME STREET ADDRESS				T ADDRESS								
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-	ST-ZIP		<del></del> _					}	
TITLE .		☐ Delete	. TITLE NAME				]		Change	Addition	}	
STREET ADDRESS				T ADDRESS		!						
CITY-ST-ZIP			CITY-	ST-ZIP	<del>_</del>	<u> </u>	<u> </u>				}	
TITLE NAME		☐ Delete	TITLE NAME			I		1	Change	☐ Addition		
STREET ADDRESS				ET ADDRESS		i						
CITY-ST-ZIP				ST-ZIP		<u> </u>					1	
indicated	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy	rue and accurate and that r	mv signati	ure shall have th	ne same lega	Leffect as it m	ade under oa	ath: that I an	1 an officer	or director		

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