

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034801

1. Entity Name

W.B. TENT RENTAL, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90082 025 ***158.75

Principal Place of Business

Mailing Address

1709 N W OPA-LOCKA BOULEVARD
OPA-LOCKA FL 33054

1709 N W OPA-LOCKA BOULEVARD
OPA-LOCKA FL 33054-4221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

125-0915660

Applied For

Not Applicable

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

ABDUL-RAHMAN, QAWI
1709 N W OPA-LOCKA BOULEVARD
OPA-LOCKA FL 33054

Name

Hecia Pack

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

1709 OPA-locka Blvd

City Opa-locka

FL

Zip Code 33054

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

Hecia Pack

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-4-00

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 ☐ Delete
NAME **D WALLACE, EL TOTO**
STREET ADDRESS **1709 N W OPA-LOCKA BOULEVARD**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☒ Change ☐ Addition
NAME **Wallace Eltoro**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00

Date

(305) 953-4180

Daytime Phone #

CR2E034 (9/99)