

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038183

1. Entity Name
WEALTHHOUND, INC.

FILED
May 24, 2000 8:00 am
Secretary of State
05-24-2000 90174 005 ***150.00

Principal Place of Business
**701 BRICKELL AVE SUITE 3120
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE SUITE 3120
MIAMI FL 33131-2847**

103078



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11 BROADWAY
Suite, Apt. #, etc.
2ND FLOOR

3. Mailing Address
11 BROADWAY
Suite, Apt. #, etc.
2ND FLOOR

City & State
NY NY

City & State
NY NY

4. FEI Number
65-0913886

Applied For
Not Applicable

Zip
10004

Country
USA

Zip
10004

Country
USA

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

**CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418**

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

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

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	BROCK, REBECCA J			
	701 BRICKELL AVE SUITE 3120			
	MIAMI FL 33131			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DIRECTOR				
	HAGER, SCOTT				
	11 BROADWAY 2ND FLOOR				
	NY NY 10004				

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

Director SCOTT HAGER

Date

Daytime Phone #

4/27/00 (212) 705-0800