

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90056 024 ***150.00

0324357 AV

DOCUMENT # P99000047215

1. Entity Name

WE THE PEOPLE FORMS AND SERVICE CENTERS OF FLORIDA, INC.

Principal Place of Business

**412 SOUTHEAST 23RD STREET
 FT. LAUDERDALE FL 33316**

Mailing Address

**412 SOUTHEAST 23RD STREET
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

101 E Commercial Blvd

Suite, Apt. #, etc.

3. Mailing Address

101 E Commercial Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33334

Country

Broward

Zip

33334

Country

Broward

4. FEI Number

65-0938315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMSTER, GOMEZ & GOTTFRIED, P.A.
 412 SOUTHEAST 23RD STREET
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Ximena G. Fedele**

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

101 E Commercial Blvd.

City

Ft. Lauderdale

FL

Zip Code

33334

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 of Ximena G. Fedele)
 (Ximena G. Fedele)

4-8-02

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, 2002 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

TITLE **D** ☒ Delete
 NAME **GOMEZ, MARCELO R**
 STREET ADDRESS **412 SOUTHEAST 23RD STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **VP** ☐ Delete
 NAME **GOMEZ, CONSTANCIA**
 STREET ADDRESS **3200 N OCEAN BLVD. # 2506**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **VP** ☐ Delete
 NAME **GOMEZ, KIMENA**
 STREET ADDRESS **740 MOCKINGBIRD LANE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **Gomez, Constancia**
 STREET ADDRESS **3200 N Ocean Blvd #2506**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE ☒ Change ☐ Addition
 NAME **Gomez, Ximena**
 STREET ADDRESS **740 Mockingbird Lane**
 CITY-ST-ZIP **Plantation, FL 33324**

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

(Signature of Ximena G. Fedele)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)