

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90540 028 \*\*\*150.00

**DOCUMENT # P99000047745**

1. Entity Name

**WILD WILD EAST, INC.**

Principal Place of Business

**1913 NORTHGATE BLVD  
 SARASOTA FL 34232**

Mailing Address

**1913 NORTHGATE BLVD  
 SARASOTA FL 34232**

2. Principal Place of Business

**1877 NORTHGATE BLVD**

Suite, Apt. #, etc.

**SUITE 4**

City & State

**SARASOTA FL**

Zip

**34234**

Country

**USA**

3. Mailing Address

**1877 NORTHGATE BLVD**

Suite, Apt. #, etc.

**SUITE 4**

City & State

**SARASOTA FL**

Zip

**34232**

Country

**USA**

6. Name and Address of Current Registered Agent

**MUFTI, AMER**

**1913 NORTHGATE BLVD  
 SARASOTA FL 34234**

7. Name and Address of New Registered Agent

Name **AMER MUFTI**  
**WILD WILD EAST, INC.**

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

**1877 NORTHGATE BLVD, STE 4**

City

**SARASOTA**

**FL**

Zip Code

**34234**

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, 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 **P** ☐ Delete  
 NAME **MUFTI, AMER**  
 STREET ADDRESS **1913 NORTHGATE BLVD**  
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **S** ☒ Delete  
 NAME **WAMELBERG, STEVEN S**  
 STREET ADDRESS **1913 NORTHGATE BLVD**  
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition  
 NAME **MUFTI, AMER**  
 STREET ADDRESS **1877 NORTHGATE BLVD, SUITE 4**  
 CITY-ST-ZIP **SARASOTA FL 34234**

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

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 AMER MUFTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/02**

Date

Daytime Phone #

CR2E034 (9/01)