

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90116 003 ***150.00

DOCUMENT # P99000058948

1. Entity Name
WVR HOLDINGS, INC.

Principal Place of Business
150 E. PALMETTO PARK ROAD, SUITE 700
BOCA RATON FL 33432

Mailing Address
150 E. PALMETTO PARK ROAD, SUITE 700
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
951 Broken Sound Pkwy
 Suite, Apt. #, etc.
Suite 195

3. Mailing Address
951 Broken Sound Pkwy
 Suite, Apt. #, etc.
Suite 195

City & State
BOCA RATON FL
 Zip
33487 Country
Palm Beach

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4. FEI Number **65-0930076** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GELLER, BETH M
150 E. PALMETTO PARK ROAD, SUITE 700
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name **Stacy Griffiths**
 Street Address (P.O. Box Number is Not Acceptable)
951 Broken Sound Pkwy
Suite 195
 City **BOCA RATON** **FL** Zip Code **33487**

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 Stacy Griffiths
 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 NAME STREET ADDRESS CITY-ST-ZIP	CEOD GRILLO, VICTOR N SR 1017 GRAND COURT HIGHLAND BEACH FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRILLO, VICTOR N JR 14 DOESKIN DRIVE FRAMINGHAM MA 01701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYSOCKI, RAYMOND J JR 15 STONECROFT CIRCLE WESTON MA 02193 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GELLER, BETH N 18566 HARBOUR LIGHT WAY BOCA RATON FL 33498 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Linda Rojas 951 Broken Sound Pkwy, Suite 195 Boca Raton, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stacy Griffiths
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-23-02** Daytime Phone # **561-999-9441**

CR2E034 (9/01)