

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065483

1. Entity Name

W.C. ASTROLOGY CORPORATION

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90087 016 \*\*\*158.75

Principal Place of Business

3700 S.W. 139TH AVE  
MIAMI FL 33175

Mailing Address

3700 S.W. 139TH AVE  
MIAMI FL 33175-6714

2. Principal Place of Business

13800 SW 8 Street  
Suite 265  
Miami, FL

3. Mailing Address

13800 SW 8 Street  
Suite 265  
Miami, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0936801

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARANDA, EDUARDO  
3700 S.W. 139TH AVE  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name

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

13800 S.W. 8 Street  
Suite 265  
Miami, FL 33184

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARANDA, EDUARDO	
STREET ADDRESS	3700 S.W. 139TH AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eduardo Aranda	
STREET ADDRESS	13800 S.W. 8 Street, Suite 265	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nilsa Jessup	
STREET ADDRESS	13800 S.W. 8 Street, Suite 265	
CITY-ST-ZIP	MIAMI, FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/13/2000 (305) 554-0221

CR2E034 (9/99)