

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069106

1. Entity Name

MESSAGE THE WRIGHT WAY, INC.

FILED

Jun 06, 2000 8:00 am  
Secretary of State

06-06-2000 90002 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~6055 NW 37 STREET #9~~

~~6055 NW 37 STREET #9~~

~~MIAMI FL 33166~~

~~MIAMI FL 33166 7072~~

12732 SW 116 Terr.  
Miami, FL 33186

12732 SW 116 Terr.  
Miami, FL 33186

2. Principal Place of Business

12732 SW 116 Terr.

3. Mailing Address

12732 SW 116 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0942707

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

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

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

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PVST~~  
NAME ~~WRIGHT, TRACY H.~~  
STREET ADDRESS ~~6055 NW 37 STREET #9~~  
CITY-ST-ZIP ~~MIAMI FL 33166~~

☒ Delete

TITLE PVST  
NAME WRIGHT, TRACY H.  
STREET ADDRESS 12732 SW 116 Terr.  
CITY-ST-ZIP Miami, FL 33186

☒ Change

☐ Addition

TITLE ~~D~~  
NAME ~~WRIGHT, TRACY H.~~  
STREET ADDRESS ~~6055 NW 37 STREET #9~~  
CITY-ST-ZIP ~~MIAMI FL 33166~~

☒ Delete

TITLE D  
NAME WRIGHT, TRACY H.  
STREET ADDRESS 12732 SW 116 Terr.  
CITY-ST-ZIP Miami, FL 33186

☒ Change

☐ Addition

TITLE ~~WRIGHT, TRACY H.~~  
NAME ~~WRIGHT, TRACY H.~~  
STREET ADDRESS ~~6055 NW 37 STREET #9~~  
CITY-ST-ZIP ~~MIAMI FL 33166~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change

☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/12/00 (305) 287-6280