

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071542

1. Entity Name

W.H.E. ENTERPRISES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90031 014 ***150.00

Principal Place of Business

Mailing Address

75 S.W. 8TH STREET
SUITE 300
MIAMI FL 33130

75 S.W. 8TH STREET
SUITE 300
MIAMI FL 33130-3023

2. Principal Place of Business

200 OCEAN LN. DR.

3. Mailing Address

200 OCEAN LN. DR.

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL.

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

65-0942322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, MATT
7300 W. CAMINO REAL, #126
BOCA RATON FL 33433

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD HAYLOR	
STREET ADDRESS	200 OCEAN LN. DR. #309	
CITY-ST-ZIP	KEY BISCAYNE, FL. 33129	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	KAREN E. SEGALLA	
STREET ADDRESS	155 OCEAN LN. DR. #609	
CITY-ST-ZIP	KEY BISCAYNE, FL. 33129	
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 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
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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:

Karen E. Segalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305.749.3724

Daytime Phone #

CR2E034 (9/99)