2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900071711 1. Entity Name WANDENBERGH ENTERPRISES, INC.					Sep 17, 2001 8:00 a Secretary of State 09-17-2001 90005 016 ***550.00		
861 SE BTHY HIALEATY FL	33010	Mailing Address 861 SE 87FF AVENUE HIALEAN FL 33010					
2. Principal P 350 S Suite, Apt.		3. Mailing Address 3.50 S. Playn Peinciana Suite, Apt. #, etc.		∠ A	DO NOT WRITE IN THIS SPACE		
MIAMI SPAWGS, FL		City & State MIAMI SPRINGS FL			4. FEI Number NOT APPLICABLE Applied For Not Applicable		
Zip 33166		LL	Country		5. Certificate of Status Desired \$8.75 Addition Fee Required	nal	
861 SE 87H AVENUE HIALEAH FL 38010				CHA ddress (P.C	7. Name and Address of New Registered Agent ARD M. BANDUTO O BOX Number is Not Acceptable) J. ROYAL POINCIANA BU		
					Sprungs FL Zip Code 3316	6	
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 Registered Agent 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!!! FILE NOW!! FILE NOW!! FILE NOW!!! FILE NOW!!! FILE NOW!!! FILE NOW!!! FILE NOW!!! FILE NOW!! FILE NOW!!!! FI			001 Fee will b	e \$750.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, EVELIO 861 SE 8TH AVENUE HIALEAH FL 33010	DELECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICH	HARD M BANDUTO S. ROYAL POINCIANA BLID	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المناوية فالمنافظة المنافزة ال	□ Dèlele	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition =	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ 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 history than the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or history than the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver or history than a director of the corporation or the receiver of the corporation or the receiver or history than a director or the receiver or history than a director or the receiver of the receiver of the corporation or the receiver or history than a director or the receiver of the rec							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #							