

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084868

1. Entity Name
WAHBA ENTERPRISES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90142 030 ***150.00

Principal Place of Business
26650 STATE RD. 54 WEST
WESLEY CHAPEL FL 33543

Mailing Address
2200 WINTER SPRINGS BLVD., SUITE 106-286
OVIEDO FL 32765-9358



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7166
Suite, Apt. #, etc.

City & State
Wesley Chapel, FL

City & State
Wesley Chapel, FL

4. FEI Number
59-3196584

Applied For
Not Applicable

Zip
33543

Country

Zip
33543

Country

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

6. Name and Address of Current Registered Agent
~~TWARI, RANA~~
~~26650 STATE RD. 54 WEST~~
~~WESLEY CHAPEL FL 33543~~
2200 Winter Springs Blvd. Suite 106-286
Oviedo, FL 32765

7. Name and Address of New Registered Agent
Name
WAYNE REDWOOD
Street Address (P.O. Box Number is Not Acceptable)
27212 Foam Flower Blvd
City
Wesley Chapel, FL Zip Code
33543

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] DATE: 4/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Director	<input type="checkbox"/> Delete
NAME	ALYA Redwood	
STREET ADDRESS	P.O. Box 7166	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	WAYNE REDWOOD	<input type="checkbox"/> Delete
NAME	P.O. Box 7166	
STREET ADDRESS	Wesley Chapel, FL 33543	
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
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] DATE: 4/24/00 DAYTIME PHONE #: 813-715-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)