

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000111904**

1. Entity Name

WAG BROKERAGE, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90949 001 ***150.00

Principal Place of Business

**3400 CORAL WAY 5TH FLOOR
MIAMI FL 33145**

Mailing Address

**3400 CORAL WAY 5TH FLOOR
MIAMI FL 33145**

2. Principal Place of Business

3191 Coral Way

3. Mailing Address

3191 Coral Way

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0976582

Applied For

Not Applicable

Zip

33145

Country

Miami-Dade

Zip

33145

Country

Miami-Dade5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**XXXXXXXXXXXXXXXX
SAMUELS, EUGENE F. ESQ.
XXXXXX SW 121 PLACE
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Geoffrey A. Cole, SR**

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

3191 Coral Way**Suite 402**City **Miami****FL**Zip Code
33145

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

Geoffrey A. Cole, SR**4/28/00**

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** ☐ Delete
NAME **Geoffrey A. Cole, SR**
STREET ADDRESS **3191 Coral Way, Suite 402**
CITY-ST-ZIP **Miami FL 33145**TITLE **Secretary** ☐ Delete
NAME **Samuel T. Cole, SR**
STREET ADDRESS **3191 Coral Way, Suite 402**
CITY-ST-ZIP **Miami FL 33145**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Geoffrey A. Cole, SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (305)446-6433

Date

Daytime Phone #