

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90041 003 \*\*\*158.75

**DOCUMENT # S49761**

1. Entity Name  
**WENNIN BROS., I, CORP.**

Principal Place of Business 10825 NW 33 STREET MIAMI FL 33172	Mailing Address 10825 NW 33 STREET MIAMI FL 33172-2188
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>10855 NW 29 ST</b> Suite, Apt. #, etc. City & State <b>MIAMI FL</b> Zip <b>33172</b>
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4. FEI Number <b>65-0263662</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**WENNIN, RUDOLF**  
**10825 NW 33 STREET**  
**MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name: **Rudolf Wennin**  
 Street Address (P.O. Box Number is Not Acceptable):  
**10855 NW 29 ST**  
 City: **MIAMI** FL Zip Code: **33172**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/21/00**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WENNIN, RUDOLF</b> <b>10825 NW 33 STREET</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WENNIN, HELMUTH</b> <b>10825 NW 33 ST</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **RUDOLF WENNIN** DATE: **2/21/00** DAYTIME PHONE #: **(305) 599-1910**

CR2E034 (9/99)