2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V I. Entity Name M & E INVESTMENT PROPE		
Principal Place of Business	Mailing Address 4121 INDIAN CREEK DRIVE	
MIAMI BEACH FL 33140	MIAMI BEACH FL 33140	

FILED Mar 20, 2003 8:00 am Secretary of State 03-20-2003 90123 023 ***150.00

W & E INVESTIMENT PROPERTIES, INC.						
Principal Place of Business Mailing Address 4121 INDIAN CREEK DRIVE 4121 INDIAN CREEK DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140		· · · · · · · · · · · · · · · · · · ·		na miner delder meller delder allder		
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES	
City & State	ity & State City & State			4. FEI Number 65-0320261	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional ee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered A		
			Name			
SIMPSON, MAVIS 695 NE 151ST STREET		Street Address (I	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL						
			City	FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing its reg	l pistered office or register	red agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
SIGNATURE -	Signature, typed or printed name of registered age	AND TO DESCRIPTION OF THE PROPERTY OF THE PROP		I when reinstating) DATE		
<u> </u>			gistered Agent signature required	i when reinstating) DATE		
After	ILE-NOW!!!+FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	0	ه مداد استعیار	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	Payable to Florida Department					
10.	OFFICERS AN	ID DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11 ☐ Change ☐ Addition	
NAME	SIMPSON, MAVIS	□ Delete	NAME		Addition	
STREET ADDRESS	695 N.E. 151ST STREET		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP		Channe D Addition	
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition /	
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TITLE NAME		☐ Delete	TITLE		Change Addition	
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STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	ļ	STREET ADDRESS CITY-ST-ZIP		3,	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MIGHSATURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR