

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40602

1. Entity Name

WAY-SAN, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90074 012 ***150.00

Principal Place of Business

4000 SW 19 ST
FT LAUDERDALE FL 33317

Mailing Address

4000 SW 19 ST
FT LAUDERDALE FL 33317-6497

2. Principal Place of Business

7828 TRENT DR
Suite, Apt. #, etc.

3. Mailing Address

7828 TRENT DR
Suite, Apt. #, etc.
TAMARAC FL



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

65-0341666

Applied For

Not Applicable

Zip 33321

Country Broward

Zip 33321

Country Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESHMAN, SHELLEY
9581 NW 33 MANOR
SUITE 2
SUNRISE FL 33351

Name SAME

Street Address (P.O. Box Number is Not Acceptable)
7828 TRENT DR
TAMARAC FL

City

FL

Zip Code 33321

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUSTHAUS, SHEILA	
STREET ADDRESS	4000SW 19 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRESHMAN, SHELLEY	
STREET ADDRESS	4000SW 19 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
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		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTHAUS SHEILA	
STREET ADDRESS	7828 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRESHMAN SHELLEY	
STREET ADDRESS	7828 TRENT DR	
CITY-ST-ZIP	TAMARAC FL 33321	
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: *Sheila Lusthaus (SHEILA LUSTHAUS)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-2000

Date

954-726-6122
Daytime Phone #

CR2E034 (9/99)