

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90149 004 ***150.00

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DOCUMENT # **V55580**

1. Entity Name

WTG INTERNATIONAL INC.



Principal Place of Business

8329 NW 66TH STREET

SUITE N-9

MIAMI FL 33016

US

Mailing Address

8329 NW 66 ST

MIAMI FL 33166

US

2. Principal Place of Business

8329 NW 66th STR

3. Mailing Address

8329 NW 66th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

USA

Zip

33166

Country

USA

6. Name and Address of Current Registered Agent

INOSTROZA, ROBERTO J.

16376 NW 12 STREET

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing - **\$5.00** May Be Added to Fees.
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **INOSTROZA, NANCY**
STREET ADDRESS **16376 NW 12 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **DP** ☐ Delete
NAME **INOSTROZA, ROBERTO J.**
STREET ADDRESS **16376 NW 12 STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/03 (305) 592-9990

Date

Daytime Phone #

CR2E034 (10/02)