

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56088

1. Entity Name

WICH, WICH & WICH, P.A.

Principal Place of Business

Mailing Address

SUITE # 620 - COASTAL TOWER
2400 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308
US

SUITE # 620 - COASTAL TOWER
2400 EAST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308-4033
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0349484

Applied For

Not Applied For

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

WICH, THOMAS M. ESQ.
SUITE 620 - COASTAL TOWER
2400 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WICH, DONALD A. JR.
3076 NW 49TH STREET
FT. LAUDERDALE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
WICH, THOMAS M
7340 NW 44TH LANE
COCONUT CREEK F ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDT
WICH, JAMES
821-SE 16TH COURT
DEERFIELD BEACH FL 33441 ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
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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 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
THOMAS M. WICH

01-03-00 954-776-1600

Date

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90003 007 ***150.00

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DO NOT WRITE IN THIS SPACE