

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90043 047 ***150.00

A0024977

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M89283** ✓
 1. Entity Name
WJ. INVESTMENTS LIMITED, LTD.

Principal Place of Business Mailing Address
3000 ISLAND BLVD., BOX 1905
AVENTURA, FLA. 33160

2. Principal Place of Business 3. Mailing Address
AS ABOVE AS ABOVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0076157** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VLADIMIR SADILEK SR.
3000 ISLAND BLVD. UNIT 1905
AVENTURA, FLA. 33160

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.

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, 2001 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

TITLE **VLADIMIR SADILEK - PRESIDENT**
 NAME
 STREET ADDRESS **3000 ISLAND BLVD. UNIT 1905**
 CITY-ST-ZIP **AVENTURA, FLA. 33160**

TITLE **JANA SADILEK - VICE PRES.**
 NAME
 STREET ADDRESS **3000 ISLAND BLVD. UNIT 1905**
 CITY-ST-ZIP **AVENTURA, FLA. 33160**

TITLE **VLADIMIR SADILEK JR. - SECRETARY**
 NAME
 STREET ADDRESS **3000 ISLAND BLVD., UNIT 1905**
 CITY-ST-ZIP **AVENTURA, FLA. 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jana Sadilek V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 6, 2001 **305/933-8619**
 Date Daytime Phone #

CR2E034 (11/00)