

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-17-2002 90036 025 ***158.75

DOCUMENT #

1. Entity Name

W4Y CORPORATION

P00000069512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3067 N.W. 107th AVE

3. Mailing Address

15476 N.W. 77th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

291

City & State

MIAMI, FL. 33172

City & State

HIALEAH, FL.

4. FEI Number

65-1039895

Applied For

Not Applicable

Zip
33172

Country

U.S.A.

Zip

33016

Country

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

7. Name and Address of Current Registered Agent

Name

ALICE GONZALEZ

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

7764 W. 14th CT

City

HIALEAH

FL

Zip Code

33014

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT-JOSE JERONIMO RODRIGUES
10909 N.W. 67th ST
MIAMI FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY-ANTONIO MESQUITA
10909 N.W. 67th ST
MIAMI, FL. 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02 325-463-0503

CR2E034B (12/01)