


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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90223 004 \*\*\*150.00

DOCUMENT # **P00000069512**

1. Entity Name  
**WAY CORPORATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3067 N.W. 107th AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>15476 N.W. 77th CT</b> Suite, Apt. #, etc. <b>#291</b>	
City & State <b>MIAMI, FL. 33172</b>		City & State <b>HIALEAH, FL.</b>	
Zip <b>33172</b>	Country <b>U.S.A.</b>	Zip <b>33016</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1039895</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>ALICE GONZALEZ</b>
Street Address (P.O. Box Number is Not Acceptable) <b>7764 W. 14th CT</b>
City <b>HIALEAH, FL.</b>
State <b>FL</b>
Zip Code <b>33014</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$250.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT-JOSE JERONIMO RODRIGUES</b> <b>10909 N.W. 67 ST</b> <b>MIAMI, FL. 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY-ANTONIO MESQUITA</b> <b>10909 N.W. 67th ST</b> <b>MIAMI, FL. 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with or without other like empowered.

SIGNATURE: \_\_\_\_\_ **PRESIDENT 2/4/03 305-463-0503**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)