

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N98000004088

1. Entity Name

W.J.N. ECONOMIC DEVELOPMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 25 AM 10:53

Principal Place of Business

WJN ECONOMIC DR  
OPA-LOCKA FL 33054

Mailing Address

2230 ALI BABA AVENUE  
OPA-LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

W.J.N. Economic

Suite, Apt. #, etc.

3770 N.W. 197 St.

City & State

Carol City, Fla.

Zip

Country

33055

Country

Dade

4. FEI Number 65-0846216

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NELSON, WILLIE J REV  
3770 NW 197ST  
CAROL CITY FL 33055

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 Willie J. Nelson, Willie J. Nelson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 16, 2003

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BENTLEY, CYNTHIAN	
STREET ADDRESS	2230 ALI BABA AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, HARRIET	
STREET ADDRESS	2230 ALI BABA AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, WILLIE J REV.	
STREET ADDRESS	2230 ALI BABA AVENUE	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, SOPHIA C	
STREET ADDRESS	2230 ALIBABA AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LORETHA	
STREET ADDRESS	2230 ALIBABA AVE	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	400023317064	
STREET ADDRESS	09/25/03--01017--002 **61.25	
CITY-ST-ZIP	Bill Cowing	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James R. Poole	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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:

WILLIE J. NELSON

Willie J. Nelson

9-11-2003 305-625-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (4/03)

9/26/03