

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 594638

1. Entity Name
WESTLAND DISCOUNT INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91237 025 ***150.00

658277



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10780 W. FLAGLER
MIAMI FL 33174
US

Mailing Address

7500 NW 69 AVE
MIAMI FL 33166
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1952748

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TRIAY, CARLOS A
999 PONCE DE LEON BLVD #1110
CORAL GABLES FL 33134

Name

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

10570 NW 27 ST
#103

City

Miami

FL

Zip Code

33172

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

5/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DIAR, ENRIQUE J	DIAR, ENRIQUE J.
STREET ADDRESS	10341 S.W. 3751	7500 NW 69 AVE
CITY-ST-ZIP	MIAMI FL 33165	Meadley, FL 33166
TITLE	S	<input type="checkbox"/> Delete
NAME	MENESES, RAUL	MENESES, RAUL
STREET ADDRESS	12661 NW 00 PL	7500 NW 69 AVE
CITY-ST-ZIP	HALEAH FL 33018	Meadley, FL 33166
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: ENRIQUE DIAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01

Date

305-225-9774

Daytime Phone #

CR2E034 (10/00)