

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G39704**

1. Entity Name

WILEO, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90324 031 ***150.00

Principal Place of Business

BURGER KING #26
4727 NW 167 ST
MIAMI FL 33055
US

Mailing Address

9311 S.W. 6TH CT.
PEMBROKE PINES FL 33025-1159
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2290517**

Applied For
Not Applicable

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

WILLIAMS, WILMA
6251 S.W. 62ND COURT
MIAMI FL 33143

Name

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

City

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 filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WILLIAMS, WILMA 6251 S.W. 62ND COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VST WILLIAMS, LEOLA M. 6251 S.W. 62ND COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WILLIAMS, LEOLA M. 6251 S.W. 62ND COURT MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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:

Leola M. Williams **Leola M. Williams** 04/19/01 954-431-4714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)