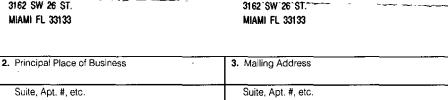
FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90805 019 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

K27839 DOCUMENT # 1. Entity Name W. F. INVESTMENT, INC. Principal Place of Business Mailing Address 3162 SW 26 ST. 3162 SW '26 ST.







4.	FEI Number	 Applied For

Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMS, VICTOR HUGO

City & State

5840 W	FLAGLER	STREET
#1		
MIAMI I	L 33144	•

#1		
MIAMI EI	22144	

City & State

SIGNATURE .

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

65-0062209

		1	
8.	The above named entity submits this statement for the purpose of changing its register	red office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.		,
	4 3 -		

City

 Signature, typed or printed name of registered agent and title if applicable
 FILE NOW!!!~FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

MIC	

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

~ 9.	Election Campaign Financing
	Trust Fund Contribution.

\$5:00 May Be Added to Fees

Not Applicable

\$8.75 Additional

Zip Code

Fee Required

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete ☐ Addition TAPIA, RAQUEL NAME NAME STREET ADDRESS 3162 SW 26TH STREET STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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.

TTIE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE~

STREET ADDRESS

CITY-ST-ZIP

NAME

Delete

☐ Change

☐ Addition