2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L01000004992

1. Entity Name

SIGNATURE:

Principal Place of Business

WENYAN INVESTMENT NATIONAL, LLC

MIAMI FL 33172			8755 NW 35TH LANE MIAMI FL 33172 3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State				4. FEI Number Applied For			
Zip Country		у	Zip		Country		S - 1/392 ertificate of Status Desir			Not Applica
6. N	lame and Add	ress of Current Re	gistered Agent	Щ	, 				Fee Requi	red
YU, PETER 8755 NW 35	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Name Street Add		ame and Address of No x Number is Not Accept		Agent			
MIAMI FL 33172			و حایج یشی با استخشاء د خبر به	A CONTRACTOR OF THE PROPERTY O						
·					City		·	FL	Zip Co	
The above named the obligations of re	entity submits i egistered agen	this statement for th t.	e purpose of changing i	its registere	d office or re	gistered agen	nt, or both, in the State o	f Florida. I am	■ familiar with	, and accep
SIGNATURESignature, t	typed or printed nam	e of registered agent and to	itle if applianhle							
		o o rogistorad agent and t				equired when reins	stating)	DATE		
9.			Make Check P Due B	ayable to	EE IS \$50 Departmenber 25, 20	nt of State				
	NEDA/	AGING MEMBERS		10.			ADDITIO	NS/CHANGES		<u> </u>
NAME JIM	2 N'M'	35th Lan 33172		TITLE NAME STREET CITY-S	ADDRESS				☐ Change	Additio
NAME STREET ADDRESS DITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP				☐ Change	Addition
ITLE IAME TREET ADDRESS			☐ Delete	TITLE					☐ Change	☐ Addition
TTY-ST-ZIP	<u> </u>			CITY-SI	ADDRESS I-ZIP		ريسي يعهدها والساد	المتمور كالمحتوي	ngersen.	
IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS	,			☐ Change	Addition
ITLE AME TREET ADDRESS TY-ST-ZIP			☐ Delete	TITLE NAME STREET A	ADDRESS				☐ Change	☐ Addition
TLE IME REET ADDRESS IY-ST-ZIP			☐ Delete	TITLE NAME STREET A	DDRESS			[Change	☐ Addition
I hereby certify that to indicated on this rep	he information ort is true and a any or the rece	supplied with this fi accurate and that m iver or trustee empo	ling does not qualify for ny signature shall have the owered to execute this re-	the exempt the same leg eport as rec	ion stated in	Section 119.0 if made under apter 608, Floi	07(3)(i), Florida Statutes, oath; that I am a mana rida Statutes.	. I further certify ging member (that the informanager	ormation of the

FILED

Jul 29, 2002 8:00 am Secretary of State 07-29-2002 90002 045 ****50.00

1-17-02 (305) 471-33 DP