

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005635

1. Entity Name

WINGS OF VALOR, INC.

Principal Place of Business

17901 SW 84TH AVENUE
MIAMI FL 33157

Mailing Address

P.O. BOX 56-2801
MIAMI FL 33256-2801

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

65-0868905

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

WEININGER, JANET RAY
17901 SW 84TH AVENUE
MIAMI FL 33157

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WEININGER, JANET R ☐ Delete
STREET ADDRESS 17901 SW 84TH AVE
CITY-ST-ZIP MIAMI FL 33157

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

TITLE VD ☒ Delete
NAME STRINKO, THOMAS E
STREET ADDRESS 17103 SW 79 PL
CITY-ST-ZIP MIAMI FL 33157

TITLE SD ☐ Change ☒ Addition
NAME Jessie Romero
STREET ADDRESS 15478 SW 110 Terrace
CITY-ST-ZIP Miami, FL 33196

TITLE STD ☐ Delete
NAME ROMAN, ROSARIO
STREET ADDRESS 13325 SW 47TH ST
CITY-ST-ZIP MIAMI FL 33175

TITLE VTD ☒ Change ☐ Addition
NAME Roman Rosario
STREET ADDRESS 13325 SW 47 ST
CITY-ST-ZIP Miami, FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Janet Ray Weininger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 21, 2001 305-255-0608



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)