

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90188 006 \*\*\*150.00

DOCUMENT # P00000040063

1. Entity Name

R.J.W. FOLIAGE, INC.

Principal Place of Business

Mailing Address

25201 SW 189TH AVE 19000 SW 256TH STREET  
HOMESTEAD FL 33031

25201 SW 189TH AVE 19000 SW 256TH S  
HOMESTEAD FL 33031

2. Principal Place of Business

3. Mailing Address

19000 SW 256TH ST

19000 SW 256TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLA.

City & State

HOMESTEAD, FLA.

4. FEI Number

65-0992027

Applied For

Not Applicable

Zip

33031

Country

USA

Zip

33031

Country

USA

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

WARD, RON  
25201 SW 189TH AVE.  
HOMESTEAD FL 33031

Name

RON WARD

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

19000 SW 256TH STREET

City

HOMESTEAD FLA.

FL

Zip Code

33031

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

*Ron Ward*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-01

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 D  
NAME WARD, RON  
STREET ADDRESS 25201 SW 189TH AVE 19000 SW 256TH ST.  
CITY-ST-ZIP HOMESTEAD FL 33031

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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:

*Ron Ward*

RON WARD Director

Date

Daytime Phone #

1-24-01 305-248-2569

CR2E034 (10/00)