

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90023 031 ***150.00

DOCUMENT # P00000096667

1. Entity Name
WEGO SERVICES INC.

Principal Place of Business

**14154 S.W. 151 AVENUE
 MIAMI FL 33196**

Mailing Address

**14154 S.W. 151 AVENUE
 MIAMI FL 33196**

2. Principal Place of Business

Wego Services
 Suite, Apt. #, etc.
10138 NW 80ave
 City & State
HAIALEAH GARDENS

3. Mailing Address

10138 NW 80ave
 Suite, Apt. #, etc.
HAIALEAH GARDENS
 City & State
FL

Zip **33016** Country **Dade**

Zip **33016** Country **Dade**

4. FEI Number

65-1057067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTILLO, CARLOS
 14154 S.W. 151 AVENUE
 MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name **CAMILA A. OSPINA**
 Street Address (P.O. Box Number is Not Acceptable)
17620 NW 67th Av.
 City **HAIALEAH GARDENS** FL Zip Code **33015**

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 **CAMILA OSPINA** - **CAMILA OSPINA** **01-17-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PORTILLO, CARLOS 14154 S.W. 151 AVENUE MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GONZALEZ, ELVIS 11001 S.W. 88TH ST #A-202 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAMILA A. OSPINA 17620 NW 67th Av HAIALEAH FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01 305-698-7272

CR2E034 (10/00)