

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91585 050 \*\*\*150.00

DOCUMENT # **P00000098164**  
 1. Entity Name  
**W & A TRANSMISSION INC** ✓

Principal Place of Business Mailing Address  
**4100 N.W. 135TH ST** **4100 N.W. 135TH ST**  
**BAY 3-A** **BAY 3-A**  
**OPA LOCKA, FL 33054** **OPA LOCKA, FL 33054**

**A0070251**

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State Zip Country

4. FEI Number **65-1049877**  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILFREDO MEJIA**  
**1221 WILMINGTON STREET**  
**OPA LOCKA, FL 33054**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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. ☐ **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 ☐ Delete  
 NAME **P MEJIA, WILFREDO**  
 STREET ADDRESS **1221 WILMINGTON STREET**  
 CITY-ST-ZIP **OPA LOCKA, FL 33054**  
 TITLE ☐ Delete  
 NAME **JOSE ANTONIO JURADO**  
 STREET ADDRESS **6900 WEST 16TH DRIVE #209**  
 CITY-ST-ZIP **MIAMI, FL 33014**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Wilfredo Mejia** **04/28/01** **(305)687-0370**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)