02/25/2002 16:01 954-731-7242 MACINTER CORI

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90882 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000034417

1. Entity Name
WLI, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2645 EXECUTIVE PARK DRIVE	2645 EXECUTIVE PARK DR.
Suite, Apt. #, etc. 143	Suite, Apt. #, etc. 143
City & State WESTON, FL	City & State WESTON, FL
Zip 33331 Country USA	Zip 33331 Country USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1093202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name BARREIRO MIGUEL
Street Address (P.O. Box Number is Not Acceptable) 3868 FALCON RIDGE CIR.
City WESTON FL Zip Code 33331

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 MIGUEL BARREIRO [signature] 04/29/02
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	
NAME	BARREIRO, MIGUEL	NAME	
STREET ADDRESS	3868 FALCON RIDGE CIR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SACCO, VIVIANA	NAME	
STREET ADDRESS	3868 FALCON RIDGE CIR	STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33331	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MIGUEL BARREIRO 04/29/02 9546600951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #