

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90388 035 ***150.00

DOCUMENT # P01000048819

1. Entity Name
WAGLO CORPORATION

Principal Place of Business
 2222 PONCE DE LEON BLVD., PH
 CORAL GABLES FL 33134

Mailing Address
 2222 PONCE DE LEON BLVD., PH
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

SCHREIBER, GERHARDT A ESQ
 2222 PONCE DE LEON BLVD., PH
 CORAL GABLES FL 33134

Name **ORLANDO FERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
3440 B. POINT DRIVE
 City **Coral City** FL Zip Code **33066**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 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, 2002 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	LUPEDOMINGUEZ	
STREET ADDRESS	2137 WEST 60 ST	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	ANGEL NAVEGA	
STREET ADDRESS	2444 881 WEST 49 ST	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ORLANDO FERNANDEZ	
STREET ADDRESS	3440 B. POINT DRIVE	
CITY-ST-ZIP	CORAL CITY FL 33066	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	William Jimenez	
STREET ADDRESS	2137 WEST 60 ST.	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)