

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State

05-05-2003 90164 040 ***150.00

DOCUMENT # P01000075547

1. Entity Name
WALAND TRADING & SERVICES, INC



Principal Place of Business
**407 LINCOLN ROAD, #5B
MIAMI BEACH, FL 33139**

Mailing Address
**407 LINCOLN ROAD, #5B
MIAMI BEACH, FL 33139**

55046820

2. Principal Place of Business
**1985 N.E. 147th Terrace
Suite, Apt. #, etc.**

3. Mailing Address
**1985 N.E. 147th Terrace
Suite, Apt. #, etc.**



☒ CHECK HERE IF MAKING CHANGES

City & State
North Miami, Fla
Zip
33181

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North Miami, Fla
Zip
33181

4. FEI Number
65-1126260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDRADE, JOSE
407 LINCOLN ROAD, #5B
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name
Brito & Brito Accounting
Street Address (P.O. Box Number is Not Acceptable)
**407 Lincoln Road
Suite 500**
City
Miami Beach FL Zip Code
33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE: **06-02-03**

THIS SPACE IS RESERVED FOR THE REGISTERED AGENT'S SIGNATURE AND TITLE. IF THE AGENT IS AN INDIVIDUAL, THE AGENT MUST SIGN AND TYPE OR PRINT NAME. IF THE AGENT IS A CORPORATION, THE AGENT MUST SIGN AND TYPE OR PRINT NAME OF THE CORPORATION AND THE NAME OF THE OFFICER OR DIRECTOR WHO IS AUTHORIZED TO SIGN FOR THE CORPORATION.

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, JOSE 407 LINCOLN ROAD, #5B MIAMI BEACH, FL 33139	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL ROSARIO WALZER, MARIA 407 LINCOLN ROAD, #5B MIAMI BEACH, FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDRADE, ANGELICA 407 LINCOLN ROAD, #5B MIAMI BEACH, FL 33139	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALZER, JORGE ENRIQUE 407 LINCOLN ROAD, #5B MIAMI BEACH, FL 33139	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Andrade, Angelica 407 Lincoln Road, #500, Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 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

04/28/2003

Daytime Phone #

CR2034 (10/02)