FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jun 26, 2002 8:00 am Secretary of State DOCUMENT# P01000090851 1. Entity Name 06-26-2002 90074 035 ***150.00 W & G DETAIL, CORP. Mailing Address Principal Place of Business 10825 JENNIFER LANE 10825 JENNIFER LANE **BOCA RATON FL 33428 BOCA RATON FL 33428** B0125965 2. Principal Place of Business 3. Mailing Address 111 LAKE EMERALD DRIVE # 408 111 LAKE EMERALD DRIVE # 408 Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 65-1137073 OAKLAND PARK, FL 33309 OAKLAND PARK, FL 33309 Not Applicable Country Country \$8.75 Additional -5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent OLIVEIRA, GILBERTO OLIVEIRA, GILBERTO ₹0825 JENNIFER LANE Street Address (P 0 Box Number is Not Acceptable)
111 LAKE EMERALD DRIVE # 408 **BOCA RATON FL 33428** 33309 ÖÄKLAND PARK. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 may Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete Change Addition TITLE OLIVEIRA, GILBERTO NAME 111 LAKE EMERALD DRIVE #408 STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33309 CITY - ST - ZIP ✓ Delete ☐ Change ☐ Addition TITLE VIEIRA. WALLACE GOMES MALAE 10825 JENNIFER LANE STREET ADDRESS BOCA RATON-FL-33428 CITY - S1= ZIP --Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP Change Addition Delete TITLE STREET ADDRESS CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY - ST - ZIP Delete ☐ Change ☑ Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP 13. 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 such 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 qualified 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 VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Attachment B0/25965

June 20, 2002.

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

. I would like to inform you that I have a Profit Corporation by the following name:



Our corporation has its articles filed with Florida department of State-Division of Corporation on 09/17/2001. Unfortunately, we never received the first notice, of our 2002 UBR form; and we did not know that we must pay it annually. This is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you please wave the Reinstatement Fee, as I am sending you the amount of US\$ 150.00, plus the completed Form. I would like to ask you to please consider this, and file these as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

Sincerely,

GILBERTO OLIVEIRA President