

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90328 022 ***158.80

DOCUMENT # P02000010696

1. Entity Name
WRANLOY, INC.



Principal Place of Business
**3100 SW 97 AVENUE
MIAMI FL 33165**

Mailing Address
**3100 SW 97 AVENUE
MIAMI FL 33165**

2. Principal Place of Business

12336 SW 131st

3. Mailing Address

12336 SW 131st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Miami - FL

4. FEI Number

01-0597357

Applied For

Not Applicable

Zip

33186

Country

Miami Dade

Zip

33186

Country

miami-dade

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REDONDO, ARIOSTOL
3100 SW 97 AVENUE
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **Jose Luis Contreras**
Street Address (P.O. Box Number is Not Acceptable)
8991 SW 34th
City **Miami** FL Zip Code **33165**

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 **Jose Luis Contreras**

4/15/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **REDONDO, ARIOSTAL**
STREET ADDRESS **3100 SW 97 AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **V** ☐ Delete
NAME **CONTRERAS, JOSE L**
STREET ADDRESS **3100 SW 97 AVENUE**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Jose Luis Contreras**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

DATE

786-2582903

DAYTIME PHONE #

CR2E034 (10/02)