

FILED  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90387 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000042517

1. Entity Name  
WLL GROUP, INC.



Principal Place of Business  
ONE BISCAYNE TOWER SUITE 2975  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

Mailing Address  
ONE BISCAYNE TOWER SUITE 2975  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

2. Principal Place of Business  
13501 SW 128th STREET

3. Mailing Address  
13501 SW 128th STREET

Suite, Apt. #, etc.  
208

Suite, Apt. #, etc.  
208

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33186

Country

Zip  
33186

Country

4. FEI Number  
02-0588153

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

MACDANIEL, JOHN M ESQ.  
ONE BISCAYNE TOWER SUITE 2975  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name  
ADOLFO E. IGLESIAS  
Street Address (P.O. Box Number is Not Acceptable)  
13501 SW 128th STREET #208  
City MIAMI FL Zip Code 33186

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

*Adolfo E. Iglesias*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

FILE NOW!!! FEE IS \$100.00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
JUAN CARLOS DE LA ROSA 7620 NW 25th STREET #3 MIAMI FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

4-29-03

305 477-6368

Day

Daytime Phone #

CR2E034 (10/02)