P51472

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 JUL 22 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name
P02000068709
W. L. J. Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8810 N.W. 118 St	8810 N.W. 118 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Fl	City & State: Hialeah, Fl
Zip: 33018 Country: Miami-Dade	Zip: 33018 Country: Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 020621703 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William Acosta

Street Address (P.O. Box Number is Not Acceptable): 8810 NW 118 St.

City: Hialeah FL Zip Code: 33018

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 _____ 300039731503
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 07/30/04--01050--005 **150.00

January 1 - May 1 Fee is $150.00
After May 1 Fee is $400.00
Amended UBR is $61.25
Make Checks 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	President
NAME	William Acosta
STREET ADDRESS	8810 N.W. 118 St
CITY-ST-ZIP	Hialeah, Fl 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William Acosta 7/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 2004

W.L.J. Corp.
8810 nw 118 St.
Hialeah, FL 33018

To Whom it may Concern,

Please accept the enclosed for payment of our 2004 annual report. We did not receive any notice in the mail & ask if you could please waive the penalty fee.

Thank You,

William Acoste.