

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

FILED

03 OCT -9 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # <i>P0200068709</i>	
1. Entity Name <i>W.L.J Corp.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>8810 NW 118 ST</i>		3. Mailing Address	
Suite: Apt. #, etc.		Suite: Apt. #, etc.	
City & State <i>Hiawahatch FL</i>		City & State	
Zip <i>33008</i>	Country <i>USA</i>	Zip <i>33108</i>	Country

DO NOT WRITE IN THIS SPACE *03*

4. FEI Number <i>02-0621703</i>	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <i>WILLIAM ACOSTA</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>8810 NW 118 ST</i>	
City <i>Hiawahatch FL</i>	Zip Code <i>33018 FL</i>

**DO NOT WRITE
IN THIS SPACE**

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 *William Acosta*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>William Acosta</i> <i>8810 NW 118 ST</i> <i>Hiawahatch FL 33018</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000023675140</i> <i>10/09/03--01077--005 **150.00</i>
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IN THIS SPACE**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *10/04/03*
Daytime Phone #

CR2E034B (12/02)

7/10/10

10/4/03

My name is William Asato
with present address at
8810 NW 118 ST Hialeah FL

33018 owner of W.L.T Corp.
with Fed ID # 02-0621703

The reason of writing is to

request the activation of
my corporation. This is the
first year that I owed

a corporation. I never

received any forms for
the update of the annual

report might be aware of
this obligation. Sincerely: Asato