

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90005 043 ***550.00

0042 36 AV

DOCUMENT # P94000013862

1. Entity Name

WAY RENTAL CORPORATION

LA

Principal Place of Business

**1855 NW 51 TERRACE
 MIAMI FL 33142**

Mailing Address

**1855 NW 51 TERRACE
 MIAMI FL 33142**

2. Principal Place of Business

WAY RENTAL CORP
 Suite, Apt. #, etc.

3. Mailing Address

1855 NW 51 TERRACE
 Suite, Apt. #, etc.

A0079358



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0479157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, WILLON
 1855 NW 51 TERRACE
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **P TAYLOR, WILLON**
 STREET ADDRESS **1855 NW 51 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME **S POPE, BRAYLON**
 STREET ADDRESS **1221 NW 88 STR**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME **V PORTER, YUNES**
 STREET ADDRESS **1221 NW 88 STR**
 CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
 NAME
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willon Taylor 7-16-2001

Date

Daytime Phone #

CR2E034 (5/01)