

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000045685**

1. Entity Name

WJA ENTERPRISES, INC.**FILED****Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90009 005 ***150.00

921446



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2660 W 79TH ST
HIALEAH FL 33016

Mailing Address

2660 W 79TH ST
HIALEAH FL 33016

2. Principal Place of Business

2645 W 78th ST

3. Mailing Address

2645 W 78th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number 65-0499101

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ARMSTRONG, WILLIAM A
2660 W 79TH ST
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

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

2645 W. 78th ST.

City

HIALEAH

FL

Zip Code

33016

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

W. A. Armstrong U.P.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ARMSTRONG, JAMES D
STREET ADDRESS 11250 NW 2ND PL
CITY-ST-ZIP PEMBROKE PINES FL 33025TITLE VC ☐ Delete
NAME ARMSTRONG, WILLIAM A
STREET ADDRESS 16185 NW 13TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028TITLE STD ☐ Delete
NAME ARMSTRONG, KATHLEEN D
STREET ADDRESS 16185 NW 13TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

W. A. Armstrong
W. A. ARMSTRONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

305-821-8866

Daytime Phone #

CR2E034 (10/00)