

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90068 004 ***150.00

DOCUMENT # P95000055306

1. Entity Name
WHOLESALE OFFICE PRODUCTS, CORP.



Principal Place of Business
**9821 N.W. 80 AVE.
BAY 5E
HIALEAH FL 33016
US**

Mailing Address
**9821 N.W. 80 AVE.
BAY 5E
HIALEAH FL 33016
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0599215**

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

7. Name and Address of New Registered Agent

**TERZADO, JOSE
9821 N.W. 80 AVE.
BAY 5E
HIALEAH FL 33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☐ Delete
NAME **TERZADO, JOSE**
STREET ADDRESS **9821 N.W. 80 AVE.**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSD** ☐ Delete
NAME **TERZADO, GRISELL B**
STREET ADDRESS **9821 N.W. 80 AVE.**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

09/05/2003

Date

Daytime Phone #

CR2E034 (4/03)

Attachment



80146596
#P95000055306

9821 NW 80th Ave. Bay 5-E
Hialeah Gardens, FL 33016
Ph# 305-822-3587 • Fax# 305-827-2454

September 5, 2003

To Whom It May Concern:

- I never received the previous notice where I had to pay \$ 150.00 only.
- We had problems with the U.S. mail that sometimes they loose some of our mail.
- We know because they have lost payment of some of our customers.
- We are only paying \$ 150.00.
- Please have some consideration.

Sincerely,

Jose Terzado

Gt