

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061510

1. Entity Name
W & L CORPORATION

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90039 026 ***150.00

Principal Place of Business

1490 W 49TH PLACE
#335
HIALEAH FL 33012
US

Mailing Address

1490 W 49TH PLACE
#335
HIALEAH FL 33012
US

2. Principal Place of Business

1490 W 49 PL

3. Mailing Address

1490 W 49 PL

Suite, Apt. #, etc.

Ste # 310

Suite, Apt. #, etc.

Ste # 310

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

Miami Dade

Zip

33012

Country

Miami Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULLOA, JUANA V
1490 W 49 PL
SUITE #335
HIALEAH FL 33012

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ULLOA, JUANA V
STREET ADDRESS 1490 W 49 PL #335
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

Juana V Ulloa - Pres J Ulloa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01 (305) 969-8999

Date Daytime Phone #

CR2E034 (10/00)