

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90116 007 \*\*\*150.00

0038621 AV

**DOCUMENT # P96000049451**

1. Entity Name  
**WEJAGL, INC.**

2A

Principal Place of Business Mailing Address  
**426 MAJORCA AVE 426 MAJORCA AVE**  
**CORAL GABLES FL 33134 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0670975**

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

**KNAPP, STEPHEN M**  
**5417 S FLORIDA AVE**  
**LAKELAND FL 33807-6422**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D BAUR, WERNER A**  
 STREET ADDRESS **426 MAJORCA AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete  
 NAME **D HAHN, MARTINA**  
 STREET ADDRESS **803 WEST 13TH STREET**  
 CITY-ST-ZIP **ROLLA MO 65409**

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

TITLE ☐ Delete  
 NAME **D CURRY, JACQUELINE**  
 STREET ADDRESS **4921 MOUNTAIN VIEW PKWY**  
 CITY-ST-ZIP **BIRMINGHAM AL 35244**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-001

305 444-4108

Date

Daytime Phone #

CF2E034 (5/01)

Attachment

Doc. # 96000049451

**WEJAGL**

MANAGEMENT COMPANY  
1825 PONCE DE LEON BOULEVARD  
PMB 334

CORAL GABLES, FLORIDA 33134

OFFICE: (305) 444-9025

FACSIMILE: (305) 774-1822

E-MAIL: [Wejagl@aol.com](mailto:Wejagl@aol.com)

July, 10/001

Division of Corporation

To whom it may concern!

We just received on July -9-2001 this Uniform business report mailing and we were chocked to learn that this is the second mailing since we did not receive any prior mailing of this report for 2001. I'm sure Wejagls payment Hystory will show that in previous years we always were on time.

Thankyou for the consideration.

For future mailings please use this Address WEJAGL MANAGEMENT Co.

1825 Ponce De Leon Blvd PMB 334

Coral Gables FL 33134

Sincerely

*Werner Baur*  
Werner Baur