

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90277 021 \*\*\*158.75

**DOCUMENT # P97000055415**

1. Entity Name

**WUAJIRO REALTY, INC.**

Principal Place of Business

**9456 SW 77 AVE**

**T-4**

**MIAMI FL 33156**

Mailing Address

**PO BOX 565038**

**MIAMI FL 33256**

2. Principal Place of Business

**9305 SW 77 AVE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**442**

Suite, Apt. #, etc.

City & State

**MIAMI**

City & State

Zip

**33156**

Country

**USA**

Zip

Country

4. FEI Number

**65-0768397**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE A**

**9470 SW 77 AVE**

**O-1**

**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

**JOSE A RODRIGUEZ**

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

**9305 SW 77 AVE # 442**

City

**MIAMI**

**FL**

Zip Code

**33156**

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, 2002 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

TITLE **DPC**  
NAME **RODRIGUEZ, JOSE A**  
STREET ADDRESS **9456 SW 77 AVE T-4**  
CITY-ST-ZIP **MIAMI FL 33156**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/4/02 305 412 0345**

CR2E034 (9/01)