

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070610

1. Entity Name

W & J ENTERPRISES, INC

Principal Place of Business

Mailing Address

840 S.W. 141 AVE  
MIAMI FL 33184

2. Principal Place of Business

3. Mailing Address

Street, Apt. #, etc.

Street, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65.0777137

Applied For

Not Applicable

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

GOVIN, MARIO LUIS  
840 SW 141 AVE  
MIAMI FL 33184

Name

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

City

FL

Zip Code

8. This entity hereby certifies that it is submitting this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*M. J. Salin*

(If you are the person making this statement and filing it, applicable)

(NOTE: Registered Agent signature required when establishing)

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P.D.  
GOVIN, MARIO LUIS  
840 SW 141 AVE  
MIAMI FL 33184

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
U.P.  
QUIRANTES, YWAIDREE MACHIN  
840 SW 141 AVE  
MIAMI FL 33184

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
LS ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
200004609992-3  
-09/25/01--01023-017  
\*\*\*\*300.00 \*\*\*\*300.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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:

*M. J. Salin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature: (Print name)

FILED

01 SEP 17 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00-01 UBR

10/2

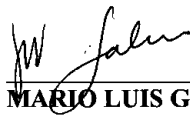
CR2F034 (11/00)

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **W & J ENTERPRISES, INC**

Thank you for your courtesy in this matter.



**MARIO LUIS GOVIN**  
**PRESIDENT**

202