

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90006 013 ***550.00

DOCUMENT # P98000034871

1. Entity Name
WHOLESALEERS LOVE IS IN THE AIR, CORP.

Principal Place of Business
2284 WEST 77TH STREET
MIAMI FL 33016

Mailing Address
2284 WEST 77TH STREET
MIAMI FL 33016

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0828438**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

LONGA, CHRISTIAN
2284 WEST 77TH STREET
MIAMI 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.

SIGNATURE

Signature of the person authorized to file this report and the fee schedule

(NOTE: Registered Agent signature required when registering)

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 \$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
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
PD
LONGA, CHRISTIAN
2284 WEST 77TH STREET
MIAMI FL 33016

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

TITLE
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 STREET ADDRESS
 CITY- ST- ZIP
VD
LONGA, ALEXANDER
2284 WEST 77TH STREET
MIAMI FL 33016

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/01 305-8288181

Date

Daytime Phone #

CR2E034 (5/01)