## 2003 FOR PROFIT CORPORATION **WUNIFORM BUSINESS REPORT (UBR)**

## P98000034871 DOCUMENT #

WHOLESALERS LOVE IS IN THE AIR, CORP.



May 27, 2003 8:00 am & Secretary of State 05-27-2003 90166 006 \*\*\*150.00

FILED



Principal Place of Business Mailing Address 2284 WEST 77TH STREET 2284 WEST 77TH STREET MIAMI FL 33016 MIAMI FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #/etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0828438 Not Applicable Zip Country Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONGA, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 2284 WEST 77TH STREET **MIAMI FL 33016** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE (S \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition NAME LONGA, CHRISTIÀN NAME 2284 WEST 77TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, MIAMI FL 33018 CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITI E Change NAME Longa, Alexander NAME STREET ADDRESS 2284 WEST 77TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33016** CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition □ Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachn

SIGNATURE:

Attachment#

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