

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90046 049 ***150.00

DOCUMENT # P98000090891

1. Entity Name
ERJER CORPORATION

Principal Place of Business

Mailing Address

~~6140 S.W. 17TH STREET
 MIAMI FL 33155~~

~~6140 S.W. 17TH STREET
 MIAMI FL 33155~~

**3055 SW 110TH AVE
 MIAMI FLA 33165**

0 0 0 0 0 0



2. Principal Place of Business

3. Mailing Address

3055 SW 110TH AVE MIA FLA 33165

SOME

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0876049**

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

GRANDA, WASHINGTON O

~~6140 S.W. 17TH STREET~~ **3055 SW 110TH AVE**
~~MIAMI FL 33155~~ **MIAMI FLA 33165**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRANDA, WASHINGTON O	
STREET ADDRESS	6140 S.W. 17TH STREET 3055 SW 110TH AVE	
CITY-ST-ZIP	MIAMI FL 33155 MIA FLA 33165	
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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: Washington Granda **REQUIRED** Date: 3/18/02 Daytime Phone #: 305 2996299
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (9/01)