

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90114 014 ***150.00

DOCUMENT # P98000098275

1. Entity Name
WAJIRO'S, INC.

Principal Place of Business

**8946 GRAND CANAL DRIVE
 MIAMI FL 33174**

Mailing Address

**8946 GRAND CANAL DRIVE
 MIAMI FL 33174**

2. Principal Place of Business

11431 SW 28 St

Suite, Apt. #, etc.

3. Mailing Address

11431 SW 28 St

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0911187**

Applied For
 Not Applicable

Zip
33165

Country
Miami-Dade

Zip
33165

Country
Miami-Dade

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

**MEJIA, OMAR
 8946 GRAND CANAL DRIVE
 MIAMI FL 33174**

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, 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, 2000 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-ST-ZIP	PVST MEJIA, OMAR 8946 GRAND CANAL DRIVE MIAMI FL 33174	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **OMAR MEJIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/00 **305.227.9602**
 Date Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE