

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000098279**

1. Entity Name
Wujiro's INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 AM 11:27

Principal Place of Business Mailing Address
**11489 SW 40 Street
Miami, FL 33165**

2. Principal Place of Business 3. Mailing Address
11489 SW 40 Street 11489 SW 40 Street
Suite, Apt. #, etc. Suite, Apt. #, etc.
Miami, FL 33165 #8

City & State City & State
Miami FL Miami FL 33165
Zip Country Zip Country
33165 Miami-Dade 33165 Miami-Dade

4. FEI Number Applied For
65-0911187 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Omar Mejia
11431 SW 28 ST
Miami FL 33165**

7. Name and Address of New Registered Agent
Name **Miguel Diaz**
Street Address (P.O. Box Number is Not Acceptable)
11489 SW 40 Street #8
Miami
City **FL** Zip Code **33165**

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 **Miguel Diaz President** DATE **10/18/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Omar Mejia, President <input checked="" type="checkbox"/> Delete 11431 SW 28 ST Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miguel Diaz, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11489 SW 40 Street Miami FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 alike empowered.

SIGNATURE: **Miguel Diaz President** DATE **10/18/01** (305) 280-8095
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/01)

AD