

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90726 005 ***558.75

DOCUMENT # P98000098275

1. Entity Name
WAJIRO'S, INC.

Principal Place of Business

11431 SW 28 STREET
MIAMI FL 33165

Mailing Address

11431 SW 28 STREET
MIAMI FL 33165

2. Principal Place of Business

11481 SW 40 ST

Suite, Apt. #, etc.

3. Mailing Address

11481 SW 40 ST

Suite, Apt. #, etc.

City & State

miami FL

Zip

33165

Country

USA

City & State

miami FL

Zip

33165

Country

USA

4. FEI Number

65-0911187

Applied For

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

MEJIA, OMAR
8946 GRAND CANAL DRIVE
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

Omar Mejia

Street Address (P.O. Box Number is Not Acceptable)

11481 SW 40 ST

City

miami

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/13/02

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

TITLE **PVST** ☐ Delete
NAME **MEJIA, OMAR**
STREET ADDRESS **8946 GRAND CANAL DRIVE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☒ Delete
NAME **MEJIA, OMAR**
STREET ADDRESS **8946 GRAND CANAL DRIVE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **Omar Mejia**
STREET ADDRESS **11481 SW 40 ST**
CITY-ST-ZIP **miami FL 33165**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02

Date

228-7753

Daytime Phone #

CR2E034 (9/01)