

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106069

1. Entity Name
WILA, INC.

Principal Place of Business
811 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

Mailing Address
811 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301

2. Principal Place of Business
1101 NE 40th Ct.

Suite, Apt. #, etc.
Suite 5

City & State
Ft. Lauderdale, FL

Zip Country
33334 Broward

3. Mailing Address
1101 NE 40th Ct.

Suite, Apt. #, etc.
Suite 5

City & State
Ft. Lauderdale, FL

Zip Country
33334 Broward

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90155 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0883535

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILD, DAVID L
1401 NE 9TH STREET
#44
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

5/1/01
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, 2001 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 PD ☐ Delete
NAME WILD, DAVID L
STREET ADDRESS 1401 NE 9TH ST, #44
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE D ☐ Delete
NAME LA ROSA, EMILY J
STREET ADDRESS 1206 CAMELLIA LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33326

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 Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President / Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: David L Wild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 954-760-4032
Date Daytime Phone #

CR2E034 (10/00)