

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90402 035 ***150.00

DOCUMENT # P98000106069

1. Entity Name
WILA, INC.

Principal Place of Business

1101 NE 40TH CT.
 STE 5
 FORT LAUDERDALE FL 33334

Mailing Address

1101 NE 40TH CT.
 STE 5
 FORT LAUDERDALE FL 33334

2. Principal Place of Business

811 E. Las Olas Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

811 E. Las Olas Blvd.
 Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33301

Country

Broward

Zip

33301

Country

Broward

4. FEI Number

65-0883535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

80117765



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
Emily La Rosa
 Street Address (P.O. Box Number is Not Acceptable)
1206 Camellia Ln.
 City **Weston** **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 *Emily La Rosa* *Emily La Rosa* *President* *May 01 002*
 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, 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 **D** ☐ Delete
 NAME **WILD, DAVID L**
 STREET ADDRESS **1401 NE 9TH ST, #44**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **PD** ☐ 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
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

4/26/02 *678-966-7660*
 Date Daytime Phone #

CR2E034 (9/01)