

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90452 003 \*\*\*150.00

DOCUMENT # P99 000002372

1. Entity Name

WAYAN REDLANDS, Corp.

**DO NOT WRITE IN THIS SPACE**

80125748

2. Principal Place of Business

8858 SW 129 TERR

Suite, Apt. #, etc.

3F

3. Mailing Address

9600 NW 25 ST.

Suite, Apt. #, etc.

3F

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

4. FEI Number

65-0885513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

PERALTA, RAMON I

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

8858 SW 129 TERRACE

City

MIAMI

FL

Zip Code

33176

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PD  
WILLIS, GUILDO A  
8858 SW 129 TERR  
MIAMI, FL 33176

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Authorized Officer

4/15/02

Date

(305) 527-6789

Daytime Phone #

CR2E034B (12/01)

Attachment  
Document #  
P99000002372  
B0125748

JUNE 12, 2002

DEPARTMENT OF STATE

REGARDING: WAYAN REDLANDS CORP. 2002-2003 UNIFORM BUSINESS  
CORPORATION (UBR) FEE. FEDERAL ID # 65-0885513.

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO EXPLAIN WHAT HAPPEN TO PAYMENT FOR WAYAN  
REDLANDS CORP. UBR REPORT FEE WHICH WAS SEND ON APRIL, 15, 2002.

AFTER CHECKING BALANCE FOR SEVERAL WEEKS CHECK # 125 ISSUED  
ON APRIL 15, 2002 WAS NEVER CLEARED AT OUR LOCAL BANK.

CONSEQUENTLY, I CONTACT YOUR DEPARTMENT AND WAS TOLD TO RE-  
SEND PAYMENT WITH AN EXPLANATION LETTER. ATTACH IS PROOF OF  
STOP PAYMENT ON CHECK # 125 ISSUED TO DEPARTMENT OF STATE ON  
APRIL 15, 2002.

ATTACH IS ALSO PAYMENT ONCE AGAIN FOR UBR REPORT FEE FOR  
WAYAN REDLANDS CORP. FOR THE YEAR 2002 TO 2003.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY

  
RAMON PERALTA  
WAYAN REDLANDS CORP.  
AUTHORIZED OFFICER

RECEIVED  
JUN 14 2002  
U.S. DEPARTMENT OF STATE  
OFFICE OF THE ATTORNEY GENERAL  
WASHINGTON, D.C. 20540



# Eastern National Bank

799 BRICKELL PLAZA  
MIAMI, FL 33131

## STOP PAYMENT ACKNOWLEDGEMENT

Attachment DHP99000002372

6/13/02

4002080307

ACCOUNT NUMBER

DATE OF ORDER

60125748

Please STOP PAYMENT on my (or our) check drawn on your bank, described as follows:

IO: 125 DATED: 4/15/02 PAYABLE TO: Department Of State

AMOUNT: \$ 150.00

REASON: Lost

TELEPHONE NUMBER: 305-527-6788 DUPLICATE ISSUED? Yes

THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT THE BANK WILL USE REASONABLE PRECAUTION IN FOLLOWING YOUR INSTRUCTION, BUT IN CONSIDERATION OF THE ACCEPTANCE OF THIS REQUEST, IT IS EXPRESSLY AGREED THAT THE BANK WILL IN NO WAY BE LIABLE IN THE EVENT THE CHECK IS PAID, IF PAID THE SAME DAY YOUR ORDER IS RECEIVED OR IF PAID BY OVERSIGHT OR INADVERTENCE OR IF BY REASON OF SUCH PAYMENT OTHER CHECKS DRAWN BY THE UNDERSIGNED ARE RETURNED FOR INSUFFICIENT FUNDS, AND THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY THE BANK AGAINST ALL EXPENSES AND COSTS THAT IT MIGHT INCUR BY REASON OF REFUSING PAYMENT ON SAID CHECK.

12/10/02

EXPIRATION DATE

Wahon Redlands Corp  
17840 S.W. 168 St  
Miami, Florida 33187

### CUSTOMER COPY

IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS ORDER WILL REMAIN IN EFFECT FOR A SIX-MONTH PERIOD UNLESS OTHERWISE DIRECTED AND THE BANK WILL CHARGE FOR EACH SIX-MONTH PERIOD OR PORTION THEREOF THAT THIS ORDER IS IN EFFECT, THE BANK MAY CHARGE MY ACCOUNT WITH THIS AMOUNT.

M. Lopez

XX

IN PERSON

BY LETTER

SIGNATURE OF MAKER

Attachment  
Document #

P99000002372