

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90263 007 ***150.00

DOCUMENT # P99000047136

1. Entity Name
J. W. INTERNATIONAL CORPORATION



Principal Place of Business
**600 W. HALLANDALE BEACH BLVD.
SUITE 6
HALLANDALE FL 33009**

Mailing Address
**600 W. HALLANDALE BEACH BLVD.
SUITE 6
HALLANDALE FL 33009**

2. Principal Place of Business
**8386 NW 56 ST
Suite, Apt. #, etc.**

3. Mailing Address
**P.O. Box 831772
Suite, Apt. #, etc.**

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0926130

Applied For

Not Applicable

Zip
33166

Country
Date

Zip
33283-1772

Country
Date

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TORRES, JORGE U
600 W. HALLANDALE BEACH BLVD.
SUITE 6
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name
TORRES JORGE U
Street Address (P.O. Box Number is Not Acceptable)
**13904 Crooked Palm P1
City Miami Lakes FL Zip Code 33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **TORRES, JORGE U**
STREET ADDRESS **600 W. HALLANDALE BEACH BLVD. #6**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **T** ☒ Delete
NAME **LANDA, WALTER**
STREET ADDRESS **11 N.E. 204 STREET, APT. D-25**
CITY-ST-ZIP **MIAMI FL 33179**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **TORRES, JORGE U**
STREET ADDRESS **13904 Crooked Palm P1**
CITY-ST-ZIP **Miami Lakes, FL 33014**

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

12. 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 10 or Block 11 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

04-21-03

Date

786-3062973

Daytime Phone #

CR2E034 (10/02)