2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-08-2001 90064 004 ***150.00

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DOCUMENT # P99000075436

1. Entity Name
WAKI ENTERPRISES, INC.

Principal Place of Business
3315 S.W. 1ST STREET
MIAMI FL

Mailing Address
3315 S.W. 1ST STREET
MIAMI FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3383 N.W. 7th ST.			
Suite, Apt. #, etc. 212		Suite, Apt. #, etc.	
City & State MIAMI, FL. 33125		City & State	
Zip 33125	Country MIAMI-DADE	Zip	Country

4. FEI Number 65-0943184 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA SOLTERO, RENE L
3315 S.W. 1ST STREET
MIAMI FL

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy the 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	VD	☐ Delete
NAME	SOLTERO, RENE L. MOLINA	
STREET ADDRESS	3315 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	☐ Delete
NAME	MICHEL, CARMEN J	
STREET ADDRESS	3315 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ Delete
NAME	CANDELARIA, ANTONIO L	
STREET ADDRESS	2528 N.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL	
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: CANDELARIA ANTONIO - PRESIDENT 02/14/01 (305) 642-9378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #