

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90143 047 ***150.00



DOCUMENT # P02000005516

1. Entity Name
WATERHOUSE DEVELOPMENT CORP.

Principal Place of Business
6111 S.W. 86TH STREET
MIAMI FL 33143

Mailing Address
6111 S.W. 86TH STREET
MIAMI FL 33143

2. Principal Place of Business
14707 SOUTH DIXIE HIGHWAY
Suite, Apt. #, etc.
SUITE 204
City & State
MIAMI FLORIDA
Zip
33176

3. Mailing Address
14707 SOUTH DIXIE HIGHWAY
Suite, Apt. #, etc.
SUITE 204
City & State
MIAMI FLORIDA
Zip
33176

CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0608672

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

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J
2611 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

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

SIGNATURE _____ (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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZOSMAN, OFER	
STREET ADDRESS	6111 S.W. 86TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELEON, CARLOS	
STREET ADDRESS	6111 S.W. 86TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEON, CARLOS	
STREET ADDRESS	14707 SOUTH DIXIE HIGHWAY SUITE 204	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOSMAN, OFER	
STREET ADDRESS	14707 SOUTH DIXIE HIGHWAY SUITE 204	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE: **CARLOS DE LEON** 1/15/03 (305) 234-6117

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

CR2E034 (10/02)