FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 28 PM 4:23

DOCUMENT # P94000071958

1. Entity Name

ENVIROW SCIENCE & TECHNOLOGY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
439 NE 7th Avenue	439 NE 7th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33301 Country: US	Zip: 33301 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0525109 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Catherine C Muth

Street Address (P.O. Box Number is Not Acceptable): 439 Northeast 7th Ave.

City: Ft. Lauderdale FL Zip Code: 33301

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 President Colan Muth NAME Catherine Colan Muth STREET ADDRESS 439 NE 7th Ave. CITY-ST-ZIP Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400022765704 09/04/03--01091--015 **150.00
TITLE Vice President NAME Michael E. Bobek STREET ADDRESS 439 NE 7th Avenue CITY-ST-ZIP Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400022765704 09/04/03--01091--016 **8.75
TITLE Secretary/Treasurer NAME Karen S. Ammar STREET ADDRESS 439 NE 7th Avenue CITY-ST-ZIP Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Karen S. Ammar 8/26/03 (954) 763-5946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #