

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90447 034 ***150.00

DOCUMENT # 567915

1. Entity Name
KAWAY INC.

Principal Place of Business 18660 LOCHPOINT COURT JUPITER FL 33458	Mailing Address 18660 LOCHPOINT COURT JUPITER FL 33458
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C0042717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1832102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAIDA, KENNETH A
 18660 LOCHPOINT COURT
 JUPITER FL 33458**

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 its 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	D <input type="checkbox"/> Delete
NAME	MAIDA, CHARLES W
STREET ADDRESS	3767 FEATHER OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	MAIDA, RODNEY K
STREET ADDRESS	14275 SW 101 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	TSD <input type="checkbox"/> Delete
NAME	MAIDA, KENNETH A
STREET ADDRESS	18660 LOCHPOINT CT
CITY-ST-ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> Delete
NAME	PERRIN, PENELOPE M
STREET ADDRESS	11046 SW 137 PL.
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kenneth A Maida* Date: 4/1/2001 Daytime Phone #: (561) 694 6279

CR2E034 (10/00)