## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## 589699 DOCUMENT #

1. Entity Name

E W A INDUSTRIES, INC.



## LII LD

04-21-2003 90528 041 \*\*\*150.00

1' 1 L/12/17
Apr 21, 2003 8:00 am
Secretary of State
Secretary of State

Principal Place of Business Mailing Address EWA INDUSTRIES. INC. EWA INDUSTRIES, INC. 13552 SW 129 STREET P.O. BOX 970161 MIAMI FL 33186 MIAMI FL 33197 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1861095 City & State City & State Applied For Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARASIEWICZ, GEORGE Street Address (P.O. Box Number is Not Acceptable) 9821 HAITIAN DRIVE MIAMI, FL CFL 33189 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change Addition TARASIEWICZ, EWA NAME NAME 9821 HAITIAN DRIVE STREET ADDRESS STREET ADDRESS MIAMI FL 33189 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Tarasiewicz, George-Jerzy NAME NAME 9821 HAITIAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI\*FL\*33189\* CITY-ST-ZIP = TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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