

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90328 037 ***150.00

DOCUMENT # F01000002273

1. Entity Name
MW NETWORK, INC.

Principal Place of Business
8350 N.W. 52ND TERRACE, SUITE 407
MIAMI FL 33166

Mailing Address
8350 N.W. 52ND TERRACE, SUITE 407
MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MIAMI FLORIDA
 Suite, Apt. #, etc. **SUITE 407**
8350 N.W. 52ND TERR

3. Mailing Address
8350 N.W. 52ND TERRACE
 Suite, Apt. #, etc. **SUITE 407**

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33166 U.S.A.

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33166 U.S.A.

4. FEI Number **65-1091814** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RICARDO A. GONZALEZ & ASSOCIATES, P.A.
7270 N.W. 12TH STREET, P.H. 9
MIAMI FL 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RICARDO ALARCON, PABLO B DOM. MANOLETE NO. 9, LOMAS DE SOTELO C.P. NAUCALPAN, EDO. DE MEXICO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VINAY, MARCEL PRO. BOS. DE REF. 200, CASA 120 LA PUNTA, MEXICO CITY, MEXICO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HERNANDEZ, WILFREDO 8350 N.W. 52ND TERRACE, STE. 407 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, WILFREDO 8350 N.W. 52ND TERRACE, STE. 407 MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBERTO VINAY, MARCEL SR. JULIAN ADAME 114, CASA 7, EL MOLINO MEXICO CITY, MEXICO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, RICARDO A 7270 N.W. 12TH STREET, PH-9 MIAMI FL 33126	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 RICARDO A. GONZALEZ **WILFREDO HERNANDEZ** **VICE PRES. & C.F.O. (305) 718-8818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)