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

## DOCUMENT # F9900005261

1. Entity Name

SANWAL INTERNATIONAL, INC.



Principal Place of Business 3311 SOUTH RAINBOW BOULEVARD. SUITE 133

Mailing Address

3311 SOUTH RAINBOW BOULEVARD, SUITE 133



01-27-2003 90374 036 \*\*\*150.00

LAS VEGAS NV 89146				LAS VEGAS NV 89146									
2. Principal P	lace of Busin	ess		3. Mail	ing Address			-					
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Suite, Apt. #, etc Suite, Apt. #, etc.									CHECK HERE IF MAKING CHANGES				
Suite 202 Suite 202							2_			MAKING ÇI	IANGES		
City & State LAS Vegas , NV				City & State Las Vecas, N			, 4. F		FEI Number 58-2487437			plied For t Applicable	
Zip Country 89103 USA				59 103			Country USA 5		Certificate of Status Desired		.75 Add Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent.						
							Name						
WAHL, GARY T							Street Address (P.O. Box Number is Not Acceptable)						
15140 MEADHAVEN ST.							Circuit Addition (1.C. Box Humber is Not Acceptable)						
DAVIE FL 33331													
							City	FL Zip Code					
8. The above the obligation	named entity ons of registe	submits this statered agent.	atement for th	ne purpo	ose of changing its	registere	L ed office or regist	ered ag	gent, or both, in the State of Florida	1	liar with,	and accept	
CIONIATURE													
SIGNATURE _	Signature, typed	or printed name of regi	istered agent and	title if appli	icable. (NOTE	Registered	Agent signature requir	ed when r	reinstating)	DATE			
	I E NOW!	L CEE 10 64F	.0.00	1	****								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Financi	ing	\$5.0	May Be	
Make Check Payable to Florida Department of State									Trust Fund Contribution.			to Fees	
10. OFFICERS AND DIRECTORS								Λ.	<u> </u>	OC AND DIE	COTODO		
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2. Therebyice	ertify that the	information supp	nliad with this	e filipa c	lace not qualify for	the even	antion atotod in C		110 07(0)(i) Florido Oses dos 1.6 mil				

indicated on this report or supplied with this filling 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 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 empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/03

954-434-8823

Daytime Phone #

R2E034 (10/02)