

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90879 035 ***150.00

0373709 AV

DOCUMENT # G63230

1. Entity Name
EWO HOLDINGS, INC.

Principal Place of Business
1515 S FEDERAL HWY
#300
BOCA RATON FL 33432

Mailing Address
1515 S FEDERAL HWY
#300
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0130976		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GILLESPIE, R. BOWEN 1515 S FEDERAL HWY #300 BOCA RATON FL 33432				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAIS, WOLFGANG			NAME	MAIER, HANS-PETER		
STREET ADDRESS	99 KLENZE STRASSE			STREET ADDRESS	99, KLENZESTRASSE		
CITY-ST-ZIP	MUNICH, W G 00000			CITY-ST-ZIP	80469 MUNICH, GERMANY		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	JAIS, WOLFGANG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIER, DR. HANNS			NAME	99, KLENZESTRASSE		
STREET ADDRESS	99 KLENZE STRASSE			STREET ADDRESS	80469 MUNICH, GERMANY		
CITY-ST-ZIP	MUNICH, WEST GERM.			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP				CITY-ST-ZIP			
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CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **JAIS, WOLFGANG** **REQUIRED** **MARCH 20, 2002** **(0049 89 20242200)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)