

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90145 001 \*\*\*150.00

**DOCUMENT # L59393**

1. Entity Name  
**EWf CORPORATION**



Principal Place of Business  
**1165 N OCEAN DR**  
**RIVIERA BEACH FL 33404**  
**US**

Mailing Address  
**1165 N OCEAN DR**  
**G**  
**RIVIERA BEACH FL 33404**  
**US**

20021450



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**40 MARIJA BERLIC**

Suite, Apt. #, etc.

**1190 SUGAR SANDS BLV., #612**

**RIVIERA BEACH FL**

Zip

**33404**

Country

4. FEI Number **65-0294459**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**STEWART, JAMES M.**  
**1211 THE PLAZA**  
**SINGER ISLAND FL 33404**

## 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. 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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD- ~~BERLIC, FRANCE~~** ☒ Delete  
NAME  
STREET ADDRESS **1190 SUGAR SANDS BLVD.**  
CITY-ST-ZIP **RIVIERA BCH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD- ~~PVSTD~~** ☐ Delete  
NAME  
STREET ADDRESS **1190 SUGAR SANDS BLVD.**  
CITY-ST-ZIP **RIVIERA BCH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empowered.

**MARIJA BERLIC**

SIGNATURE:

**SIGNATURE**

**01-28-2003**

**(561) 845 6996**

Date

Daytime Phone #

CR2E034 (10/02)