

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004226

1. Entity Name

DIWATCH INTERNATIONAL FOUNDATION, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90003 001 ***61.25

Principal Place of Business

Mailing Address

1632 39TH ST
WEST PALM BEACH FL 33407

1632 39TH ST
WEST PALM BEACH FL 33407

AUG 15 2000

2. Principal Place of Business

3. Mailing Address

928 S. Federal Hwy
Suite, Apt. #, etc.

928 S. Federal Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL
Zip
33460
Country
USA

City & State
LAKE WORTH, FL
Zip
33460
Country
USA

4. FEI Number

52-1560046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VASHIST, PARMA N
1632 39TH ST
WEST PALM BEACH FL 33407

Name

Street Address (P.O. Box Number is Not Acceptable)

928 S. Federal Hwy

City

LAKE WORTH

FL

Zip Code

33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Vashist

AUG 15, 2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	VASHIST, PARMA N	
STREET ADDRESS	1632 39TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRENSHAW, KENNETH B	
STREET ADDRESS	3175 S. CONGRESS AVE., #301	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	ATLANTA	<input checked="" type="checkbox"/> Delete
NAME	ATLANTA	
STREET ADDRESS	928 S. FEDERAL HIGHWAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	928 S. Federal Hwy	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA SAUNDERS	
STREET ADDRESS	10018 McNab Rd, #116	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

Vashist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 15, 2000

Date

561-586-6771

Daytime Phone #

CR2E037 (5/00)