

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90055 006 \*\*\*61.25

**90068095**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # N97000004226</b>					
<b>1. Entity Name</b> DIWATCH INTERNATIONAL FOUNDATION, INC.					
<b>Principal Place of Business</b> 928 S FEDERAL HWY LAKE WORTH, FL 33460    US			<b>Mailing Address</b> 928 S FEDERAL HWY LAKE WORTH, FL 33460    US		
<b>2. Principal Place of Business</b> 1632 39th Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1632 39th Street Suite, Apt. #, etc.			
<b>City &amp; State</b> West Palm Beach, Florida Zip 33407    Country USA		<b>City &amp; State</b> West Palm Beach, Florida Zip 33407    Country USA		<b>4. FEI Number</b> 52-1560046    Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>6. Name and Address of Current Registered Agent</b> VASHIST, PARMA N 928 S FEDERAL HWY LAKE WORTH, FL 33460	
<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 1632 39th Street City West Palm Beach    FL Zip Code 33407				<b>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.</b> SIGNATURE <u><i>Parma N. Vashist</i></u> DATE <u>3-27-2003</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when ministering)</small>	
<b>FILE NOW: FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VASHIST, PARMA N 928 S FEDERAL HWY LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1632 39th Street West Palm Beach, Florida 33407 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRENSHAW, KENNETH B 3175 S. CONGRESS AVE., #301 PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAUNDERS, BARBARA 10018 MCNAB RD #116 TAMARAC, FL 33321 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u><i>Parma N. Vashist</i></u> <u>PARMA N. VASHIST</u> <u>3-27-2003</u> <u>(561)842-0744</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

CR2E037 (10/02)