2000 UNIFORM BUSINESS REPORT (UBR)

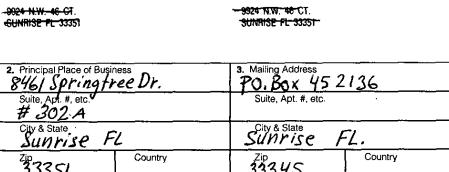
DOCUMENT # N9900007346 1. Entity Name



FILED Sep 15, 2000 8:00 am Secretary of State

04-25-2000 90066 040 ****61.25

CHILD WATCH INTERNATIONAL INC. Principal Place of Business Mailing Address





Suite, Apl. #, etc.* # 302.A		Su	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	se FL	Ç.	Sunrise FL.		4. FEI Number 65-0966861		——————————————————————————————————————	piled For t Applicable	
33351			^{Zip} 333.45		5 Certificate of Status Desired \$8			.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
			······································	Name					
				- Ptroot Ada	- Street Address (P.O-Box Number is Not Acceptable)				
EGEBERG, HAROLD				Substitutions (F.O. Dox Humber is Not Nocephable)					
9924 N.W. 4							_		
SUNRISE FL 33351				City	City FL Zip Code				
8. The above na	amed entity submits this s	tatement for the purp	oose of changing its re	egistered office or re	egistered agent, or both, i	n the state of Florida.	_		
SIGNATURE Signature	Catue, typed or printed name of re	Spirites agent and title if an		rold Ege Registered Agent Signature		9/8/00 DATE			
	LE NOW: FEE IS \$6 nber 13, 2000 min. v		9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	Make Check Pa Department o	-		
10.	OFFICE	RS AND DIRECTORS	}	11.	ADDITIONS/CHAN	GES TO OFFICERS AND DIRE	CTORS IN	10	
TITLE	President	<u>—</u>	☐ Delete	TITLE			Change	☐ Addition	
NAME	Harold Egeberg			NAME					
NAME STREET ADDRESS SITY-ST-ZIP SUNTISE FL. 33351				STREET ADDRESS					
CITY-ST-ZIP	sunrise FL.	<i>33351</i>		CITY-ST-ZIP					
TITLE	Director		Delete	TITLE		ſ	Change	☐ Addition	
NAME	Daniel Egebei	rg,,,		NAME				′	
STREET ADDRESS	Daniel Egeberg Hjölnerbucken 44			STREET ADDRESS		•			
	74 48 Sundbybe	erg Swed		CITY-ST-ZIP					
	Director		Delete	TITLE			Change —	—. ☐ Addition -	
NAME Siefen Egeberg				NAME STREET ADDRESS		•		}	
	722 46 VASTERA	is swed		CITY-ST-ZIP			Change	Addition	
	Director	4	Delete	TITLE		l	☐ cuspids		
NAME STREET ADDRESS	Tommy Jones	on L		NAME STREET ADDRESS					
CITY-ST-ZIP	1105 Alberca S 33134 Corel G	ables		CITY-ST-ZIP					
	JOIS! COILE! 4	112	☐ Delete	TITLE			Change	Addition	
TITLE NAME			CT (Nelles	NAME		·	ondrige		
STREET ADDRESS				STREET ADDRESS				}	
CITY-S1-ZIP				CITY-ST-ZIP				,	
TITLE			☐ Delete	TITLE			7 Change	☐ Addition	
NAME			LI DOCCIO	NAME					
STREET ADDRESS	•			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
12. I hereby cer	tify that the information su	upplied with this filing	does not qualify for t	he exemption stated	d in Section 119.07(3)(i), I	Florida Statutes. I further certif	y that the in	formation	

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

SIGNATURE: