

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007346

1. Entity Name

CHILD WATCH INTERNATIONAL INC.



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

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

Principal Place of Business

Mailing Address

~~9924 N.W. 46 CT.~~
~~SUNRISE FL 33351~~

~~9924 N.W. 46 CT.~~
~~SUNRISE FL 33351~~

2. Principal Place of Business

3. Mailing Address

8461 Springtree Dr.
 Suite, Apt. #, etc.
 # 302A

P.O. Box 452136
 Suite, Apt. #, etc.

City & State
 Sunrise FL

City & State
 Sunrise FL

Zip
 33351

Country

Zip
 33345

Country

4. FEI Number

65-0966861

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

EGBERG, HAROLD
 9924 N.W. 46 CT.
 SUNRISE FL 33351

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.

SIGNATURE

Harold Egeberg (Harold Egeberg)

9/8/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$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 ☐ Delete
 NAME President
 STREET ADDRESS Harold Egeberg
 CITY-ST-ZIP 8461 Springtree Dr # 302A
 Sunrise FL 33351

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

TITLE ☐ Delete
 NAME Director
 STREET ADDRESS Daniel Egeberg
 CITY-ST-ZIP Mjølnerbucken 44
 174 48 Sundbyberg Sweden

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

TITLE ☐ Delete
 NAME Director
 STREET ADDRESS Stefan Egeberg
 CITY-ST-ZIP Hyacintvägen 35
 722 46 UÅSTERAS Sweden

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

TITLE ☐ Delete
 NAME Director
 STREET ADDRESS Tommy Jonsson
 CITY-ST-ZIP 1105 Alberca St.
 33134 Coral Gables

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Harold Egeberg (Harold Egeberg)

9/8/00

9547427446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)