

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000017909**

1. Entity Name

IYAWO WHITE ON WHITE, INC.**FILED****Mar 14, 2001 8:00 am**
Secretary of State

03-14-2001 90500 031 ***150.00

Principal Place of Business

10541 SW 140 ST
MIAMI FL 33176

Mailing Address

10541 SW 140 ST
MIAMI FL 33176

2. Principal Place of Business

6107 SW 8th. ST.

Suite, Apt. #, etc.

3. Mailing Address

6107 SW 8th. St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

DADE

Zip

33144

Country

DADE

4. FEI Number

65-0984619

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

ENGLE, ANNE**10541 SW 140 ST**
MIAMI FL 33176

Name

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

6107 SW 8th STCity **MIAMI****FL**

Zip Code

33144

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

x Anne Sy Engle

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ENGLE, ANNE 10541 SW 140 ST MIAMI FL 33176		D. P. S. T. ENGLE, ANNE 6107 SW 8th. ST MIAMI, FL 33144	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *x Anne Sy Engle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)