

2001 UNIFORM BUSINESS REPORT(UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90164 017 ***150.00

DOCUMENT # P00000048675

1. Entity Name

MW ASSOC., CORP.

Principal Place of Business

**17021 N. BAY ROAD, SUITE 629
SUNNY ISLES BEACH FL 33160**

Mailing Address

**17021 N. BAY ROAD, SUITE 629
SUNNY ISLES BEACH FL 33160**

00045848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

780 NE 69 st

3. Mailing Address

780 NE 69 st

Suite, Apt. #, etc.

603

Suite, Apt. #, etc.

603

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1008187

Applied For

Not Applicable

Zip

33138

Country

Zip

33138

Country

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

**SIVLA, FERNANDO
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162**

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

Michael W. White

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

(NOTE: Registered Agent signature required when reinstating)

04-25-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEES \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. 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	PD	<input type="checkbox"/> Delete
NAME	WHITE, MICHAEL W	
STREET ADDRESS	17021 N BAY ROAD SUITE 629	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITE, NURY M	
STREET ADDRESS	17021 N BAY ROAD SUITE 629	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
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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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Michael W. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01

Date

305-984-8980

Daytime Phone #

CR2E034 (10/00)