

2001 UNIFORM BUSINESS REPORT(UBR)

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

2. Principal Place of Business

780 NE 69 ST

Suite, Apt. #, etc.

603

3. Mailing Address

780 NE 69 ST

Suite, Apt. #, etc.

603

City & State

Miami FL

City & State

Miami FL

Zip

33138

Country

Zip

33138

Coury

4. FEI Number

65-1008187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

305-984-8980

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90164 017 ***150.00

00045848



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)