

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90398 022 ***150.00

DOCUMENT #

1. Entity Name

P00000064748 ✓
Stormwise Concepts, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4743 NW 72 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

4743 NW 72 AVENUE

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33166

Country

U.S.A.

4. FEI Number

65-1077420

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name: Camilo Diaz

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

4743 NW 72 Avenue

City

Miami

FL

Zip Code

33166

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

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

Camilo Diaz

(NOTE: Registered Agent signature required when renouncing)

6/4/02.
DATE

**9. This Corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

☐

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P
Diaz Camilo
4743 NW 72 AVENUE
Miami, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Camilo Diaz

04/29/02 3055977797

Date

Daytime Phone #

CR2E034B (12/01)



Attachment
B0125029

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 22, 2002

STORMWISE CONCEPTS, INC.
4743 NW 72 AVENUE
MIAMI, FL 33166

Subject: STORMWISE CONCEPTS, INC.

Reference Number: P000000064748

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ns

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314