

2001 UNIFORM BUSINESS REPORT (UBR)

4/31

FILED
May 24, 2001 8:00 am
Secretary of State

04-30-2001 90437 014 ***150.00

DOCUMENT # P00000066807

1. Entity Name

EWD INVESTMENT CORP.

Principal Place of Business

Mailing Address

10521 MAHOGANY KEY CIR., #108
 MIAMI FL 33196-0000

10521 MAHOGANY KEY CIR., #108
 MIAMI FL 33196-0000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

651026434

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

DIXON, WAVERTON D
10521 MAHOGANY KEY CIR., #108
MIAMI FL 33196-0000

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

[Signature]

WAVERTON DIXON

4/24/01

Signature for the purpose of changing 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 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 **D** ☐ Delete
 NAME **DIXON, WAVERTON**
 STREET ADDRESS **10521 MAHOGANY KEY CIR., #108**
 CITY-ST-ZIP **MIAMI FL 33196-0000**

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

TITLE **D** ☐ Delete
 NAME **DIXON, EL-ROY D**
 STREET ADDRESS **10521 MAHOGANY KEY CIR., #108**
 CITY-ST-ZIP **MIAMI FL 33196-0000**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 supplement 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, and I am 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, and an address, with all other like empowered.

SIGNATURE:

[Signature]

WAVERTON DIXON

4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)