

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90345 043 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000069777**

1. Entity Name  
**FAIRWAY ENTERPRISES OF MIAMI, INC.**



Principal Place of Business      Mailing Address  
**8960 SW 163RD TERRACE**      **8960 SW 163RD TERRACE**  
**MIAMI FL 33157**      **MIAMI FL 33157**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **651075650**      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**

**NWADIKE, BEN**  
**8960 SW 163RD TERRACE**  
**MIAMI FL 33157**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) 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 NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>NWADIKE, BEN</b>
CITY-ST-ZIP	<b>8960 SW 163RD TERRACE</b>
	<b>MIAMI FL 33157</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>NWADIKE, ORBY</b>
CITY-ST-ZIP	<b>8960 SW 163RD TERRACE</b>
	<b>MIAMI FL 33157</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>SEC. CHICHI NWADIKE</b>
CITY-ST-ZIP	<b>8960 SW 163 Ter</b>
	<b>MIAMI FL 33157</b>
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>DIR. UGO NWADIKE</b>
CITY-ST-ZIP	<b>8960 SW 163 Ter</b>
	<b>MIAMI FL 33157</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (1/0/00)

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: *B. Ben Nadike*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/01  
Date

305 232 1121  
Daytime Phone #