2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State
05-22-2003 90134 028 ***550.00

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DOCUMENT # P00000077372

1. Entity Name
WATER WAY ONE PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
744 LENOX AVE #1 MIAMI FL 33139	P O BOX 403457 MIAMI BEACH FL 33140

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
744 Lenox Ave		PO Box 403457	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc.	
City & State Miami Beach FL		City & State Miami Beach, FL	
Zip 33139	Country USA	Zip 33140	Country USA

4. FEI Number 65-1034322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEMKO, TAO A
744 LENOX AVE #1
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name Semko, Tao A
Street Address (P.O. Box Number is Not Acceptable)
744 Lenox Ave #2
City Miami Beach **FL** Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature], Tao Semko, President 5/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SEMKO, TAO A 744 LENOX AVE #1 MIAMI FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Semko, Tao A 744 Lenox Ave #2 Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/20/03 305-720-3028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #