2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90573 035 ***158.75

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DOCUMENT # P00000086908

1. Entity Name
BLACK PRWIRE, INC.

Principal Place of Business	Mailing Address
~~888 NE 126TH STREET #200~~	~~888 NE 126TH STREET #200~~
~~NORTH MIAMI FL 33161~~	~~NORTH MIAMI FL 33161~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
975 North Miami Beach Blvd.	975 North Miami Beach Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach, FL	City & State: North Miami Beach, FL
Zip: 33162 Country: Miami-Dade	Zip: 33162 Country: Miami-Dade

4. FEI Number 65-1040042 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, COLIN O
~~888 NE 126TH STREET #200~~
~~NORTH MIAMI FL 33161~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
975 North Miami Beach Blvd.
City North Miami Beach FL Zip Code 33162

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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / STREET ADDRESS / CITY-ST-ZIP	PSD MORRIS, BERNADETTE A ~~888 NE 126TH STREET #200~~ ~~NORTH MIAMI FL 33161~~ [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Change [ ] Addition 975 North Miami Beach Blvd. North Miami Beach, FL 33162
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CR2E034 (9/01)

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: SIGNATURE REQUIRED Colin Morris 3-28-02 305-448-8063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #