

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91149 035 ***150.00

DOCUMENT # P0000095654

1. Entity Name **GWDLV CORPORATION**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 610667

3. Mailing Address
P.O. BOX 610667

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1069295

Applied For
Not Applicable

Zip
33181

Country
U.S.A.

Zip
33181

Country
U.S.A.

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
DANESSA FLORES

Street Address (P.O. Box Number is Not Acceptable)
1820 HIBISCUS DRIVE

City
MIAMI

FL Zip Code
33181

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

Amended UBR is set as
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	President Flores, Danessa 1820 Hibiscus Drive Miami, FL 33181
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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 recorder 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:  **Danessa Flores**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)