

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
 03-13-2002 90056 037 ***150.00

CR2E034 (9/01)

DOCUMENT # P01000021889

1. Entity Name
MHW INTERNATIONAL, INC.

Principal Place of Business

7023 LANCASTER CT.
UNIVERSITY PARK FL 34201

Mailing Address

7023 LANCASTER CT.
UNIVERSITY PARK FL 34201

010414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same location
7023 Lancaster
Univ. Park

3. Mailing Address

Same As Above

City & State

University Park

Zip

34201

Country

USA

City & State

Zip

Country

4. FEI Number

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUFF, ROBERT

7023 LANCASTER CT.

UNIVERSITY PARK FL 34201

7. Name and Address of New Registered Agent

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 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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DUFF, ROBERT	
STREET ADDRESS	7023 LANCASTER CT.	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFF, JENNIE	
STREET ADDRESS	7023 LANCASTER CT.	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Robert S. Duff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert S. Duff 2/19/02 941-351 6756

Attachment

HP01006021889/510414
Feb 19, 02

To Whomever is Receiving This
From Robert & Jennie Duff
RE: MIAW Inc

Dear Ladies & Gentlemen:

Recently we applied for incorporation of
MIAW here in Florida (USA).

We have not yet commenced business.
Since Sept 11, 01 and the economy in
Recession we have been unable to attract
nor secure any new business.

AND, though we wish to comply
(we enclose the requested \$150) we send our
personal check - we have no revenue,
and can not pay from any type of
business account.

You might assist and send us
prospective clients; businesses that
require our Marketing and Sales Management
Expertise (i.e. Health Care or Financial Svcs).
That way you will be enabling us to
pay your fee?

Thank you

Robert Duff