

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90291 039 ***150.00

0783331
 AV

DOCUMENT # P01000070918

1. Entity Name

WATERFRONT INTERNATIONAL INC.

Principal Place of Business

**C/O HOWARD R. SCHWARTZ CPA
 1500 UNIVERSITY DRIVE SUITE 247
 CORAL SPRINGS FL 33071**

Mailing Address

**C/O HOWARD R. SCHWARTZ CPA
 1500 UNIVERSITY DRIVE SUITE 247
 CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1515 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 109

3. Mailing Address

1515 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 109

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

Zip

33071

Country

4. FEI Number

65-1123019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KO, OON TEONG

**C/O HOWARD R. SCHWARTZ CPA
 1500 UNIVERSITY DRIVE SUITE 247
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

HOWARD R. SCHWARTZ

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

1515 UNIVERSITY DRIVE

SUITE 109

City

CORAL SPRINGS

FL

Zip Code

33071

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

Howard R. Schwartz
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/02
 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 ☐ Delete
 NAME **DP KO, OON TEONG**
 STREET ADDRESS **10810 HAYDN DR**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 X
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)