

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90003 030 ***150.00

DOCUMENT # PO1000072181 ✓
1. Entity Name
WWU Enterprises Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2850 NW 26th Ct
Suite, Apt. #, etc.
3. Mailing Address 2850 NW 26th Ct
Suite, Apt. #, etc.

City & State Boca Raton FL City & State Boca Raton FL
Zip 33434 Country USA Zip 33434 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749967 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lawrence Steffan
Street Address (P.O. Box Number is Not Acceptable) 2850 NW 26th Court
City Boca Raton FL Zip Code 33434

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 Lawrence Steffan (NOTE: Registered Agent signature required when remaining)
Signature, typed or printed name of registered agent and title if applicable. DATE 4/22/02

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 | <u>Lawrence Steffan</u> <u>2850 NW 26th Ct</u> <u>Boca Raton FL 33434</u> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>President</u> |
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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 receiver 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/01)