

FILED
Aug 01, 2002 8:00 am
Secretary of State

07-23-2002 90331 043 ***158.75

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

40402

DOCUMENT # ~~XXXXXXXXXXXX~~ 5929
 1. Entity Name
 Right Doc. # 5 P010000 98689
 MAWULI INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 158 S. SHORE DR Suite, Apt. #, etc. ROOM # 8 City & State MIAMI BEACH FL. Zip 33141 Country DADE		3. Mailing Address 158 S. SHORE DR Suite, Apt. #, etc. ROOM # 8 City & State MIAMI BEACH FL. Zip 33141 Country DADE	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1144409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name: MARIE CHERY
 Street Address (P.O. Box Number is Not Acceptable)
 158 S. SHORE DR # 8
 City: MIA-BEACH FL Zip Code: 33141

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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KENDI H. FRANCIS 158 S. SHORE DR # 8 MIA-BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARIE CHERY SAME ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JONATHAN DAVIS SAME ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIE SAINTUS SAME ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Rose Chery*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-16-02
Date Daytime Phone #