

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90307 032 ***150.00

DOCUMENT # P02000045157

1. Entity Name
OWS CORPORATION



101

Principal Place of Business
241 VISTALMAR STREET
CORAL GABLES FL 33143

Mailing Address
241 VISTALMAR STREET
CORAL GABLES FL 33143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-3060471

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAENZ, GEORGE
45 SW 24-ROAD
MIAMI FL 33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CARVALHO, FLAVIO
STREET ADDRESS 241 VISTALMAR STREET
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

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

TITLE V
NAME CARVALHO, SONIA
STREET ADDRESS 241 VISTALMAR STREET
CITY-ST-ZIP CORAL GABLES FL 33143 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Aug 10/03

(786) 246-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

Attachment #

10111014

**OWS Corporation
241 Vistamar Street
Coral Gables, Florida 33143**

August 7, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

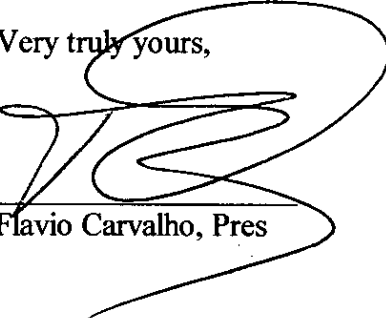
Re: OWS Corporation Doc #P02000045157

Dear Gentlemen:

Enclosed please find the 2003 Uniform Business Report for the above-referenced corporation. Also enclosed is a check for \$150 to cover the annual report fee. With respect to the late fees I respectfully request that they be waived. The original annual report was not received and presumed lost in the mail. I apologize for this oversight and appreciate your cooperation and understanding in this matter.

Should you have any questions, please do not hesitate to call at 786-246-6789

Very truly yours,



Flavio Carvalho, Pres