

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90171 021 ***150.00

DOCUMENT # P02000118250

1. Entity Name
HOUSEWARE INTERNATIONAL CORP.



Principal Place of Business
**561 RACQUET CLUB RD.
#24
WESTON FL 33326**

Mailing Address
**ELSA C. RIOS
1800 W. 49TH ST., SUITE 301
HIALEAH FL 33012**



2. Principal Place of Business
**2700 GLADES CIRCLE
Suite, Apt. #, etc.
109**

3. Mailing Address
**2700 GLADES CIRCLE
Suite, Apt. #, etc.
109**

☐ CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL
Zip
33327 Country
USA

City & State
WESTON, FL
Zip
33327 Country
USA

4. FEI Number
81-0577890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIOS, ELSA C
1800 WEST 49TH ST.
SUITE 301
HIALEAH FL 33012**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	PT	<input type="checkbox"/> Delete
NAME	MARCANO, EDMUNDO J	
STREET ADDRESS	561 RACQUET CLUB RD. #24	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SV	<input type="checkbox"/> Delete
NAME	SARACINO, GAETANO	
STREET ADDRESS	561 RACQUET CLUB RD. #24	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALCESTE, GIOVANNI	
STREET ADDRESS	561 RACQUET CLUB RD. #24	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ALBA, MARIA F	
STREET ADDRESS	561 RACQUET CLUB RD. #24	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/03

954-385-07-92.

Date

Daytime Phone #

CR2E034 (10/02)