

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P36363**

1. Entity Name  
**NUWAY ENERGY, INC.**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90034 001 \*\*\*300.00

0061400 AV

15237



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2000 NE 164TH ST  
NO. MIAMI BEACH FL 33162  
US**

Mailing Address  
**2000 NE 164TH ST  
NO. MIAMI BEACH FL 33162  
US**

2. Principal Place of Business  
**NO. MIAMI BEACH**

3. Mailing Address  
**19100 VON KARMAN AVE  
Suite, Apt. #, etc.  
450**

City & State  
**IRVINE CA**

Zip  
**92624**

Country  
**U.S.**

4. FEI Number  
**65-0159115**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**FELDER, JEFFREY A  
2000 NE 164TH ST  
MIAMI FL 33162**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELDER, JEFFREY A</b>		NAME		
STREET ADDRESS	<b>2000 NE 164TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33162</b>		CITY-ST-ZIP		
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYONS, GERALDINE</b>		NAME	<b>MICHAEL ISCOVE</b>	
STREET ADDRESS	<b>2000 NW 164 STREET</b>		STREET ADDRESS	<b>2000 NW 164 ST.</b>	
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33160</b>		CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRY, DENNIS R</b>		NAME		
STREET ADDRESS	<b>2000 NE 164TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33162</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CABALLERO, JOSE A</b>		NAME		
STREET ADDRESS	<b>2000 NE 164TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33162</b>		CITY-ST-ZIP		
TITLE	<b>COO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSSUNG, WILLIAM</b>		NAME		
STREET ADDRESS	<b>2000 NE 164TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33162</b>		CITY-ST-ZIP		
TITLE	<b>COO</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, TODD</b>		NAME		
STREET ADDRESS	<b>2000 NE 164TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33162</b>		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: **JOSEPH TAWIL** 1-28-02 949-553-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)