

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 021 ***150.00

DOCUMENT # **P93000017624** ✓

1. Entity Name
DW BUSINESS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21346 ST ANDREWS BLVD

3. Mailing Address
21346 ST ANDREWS BLVD

Suite, Apt., #, etc.
Suite 180

Suite, Apt., #, etc.
Suite 180

City & State
BOLA RATON, FL

City & State
BOLA RATON, FL

4. FEI Number
65-039 4763

Applied For
Not Applicable

Zip
33433

Country
US

Zip
33433

Country
US

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WILSON R. SOUZA

Street Address (P.O. Box Number is Not Acceptable)
410 JEFFERSON DR #106

City **Deerfield Beach** **FL** Zip Code **33442**

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

**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 **PRESIDENT**
NAME **WILSON R. SOUZA**
STREET ADDRESS **410 JEFFERSON DR #106**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

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IN THIS SPACE**

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: Wilson Souza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (953)5313618
Date Daytime Phone #

CR2E034B (12/01)