2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000025490

DOCUMENT #



FILED May 12, 2003 8:00 am Secretary of State

1. Entity Nan WALDEN		S CORPORATION		N			05-12-2003 902	210 032 **	`*150.C)()
Principal Place of Business 1000 VENETIAN WAY APT 2008 MIAMI FL 33139 US			Mailing Address 1000 VENETIAN WAY., APT 2008 MIAMI FL 33139 US							
	Place of Busin		3. Mailing Address			7				(0 1)(11)1 (10)
3600 Sùite, Apt.		LINU AUE.	Suite, Apt. #, etc.			_	_			
P.H. A			P. H. A				☐ CHECK HERE IF MAKING CHANGES			
City & State Nu 1901 BEACH			City & State L (M) B 129C17			4. FE	4. FEI Number 65-0498460 Applied F			plied For at Applicable
Zip	<u>~ </u>	Country	Zip ₁	Cou		+		□ \$8.	75 Add	
33-14		DODB	3		D 00 10 12			Fee	Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SCHAFFER, RICHARD										
1000 VENETIAN WAY., APT 2008					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL	33139									
					City			FL	Zip Code	e
			the purpose of changir	ng its register	red office or regis	tered agen	t, or both, in the State of Florida		iar with,	and accept
the obligat	tions of registe	ered agent.								
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	ed Agent signature requ	ired when reins	tating)	DATE		
After	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State		·		Election Campaign Financ Trust Fund Contribution.	cing		O May Be I to Fees
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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:

MEUNE WITH THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #