2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Aug 21, 2003 8:00 am Secretary of State

08-21-2003 90112 002 ***150.00

DOCUMENT #	P95000	1045375
I. Entity Name WAVERLY MANAGEME	NT, INC.	D/

Principal Place of Business

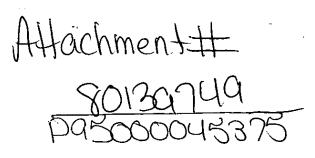




C/O ŠTEFANELLI AND BATALLA C/O STEFANELLI AND BATALLA 14411 COMMERCE WAY STE 310 14411 COMMERCE WAY STE 310 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0595575 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWN, RONA M. Street Address (P.O. Box Number is Not Acceptable) C/O STEFANELLI AND BATALLA 14411 COMMERCE WAY STE 310 MIAMI LAKES FL 33016 City 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 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **VPD** ☐ Delete TITLE Change ☐ Addition LAWN, RONA M NAME NAME 14411 COMMERCE WAY STE 310 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change ☐ Addition TITLE GOODMAN, MARA NAME NAME 14411 COMMERCE WAY STE 310 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver outrustee 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 w

SIGNATURE:



To: Florida Department Of State Uniform Business Report Filings PO Box 1500 Tallahassee, Florida, 32302-1500

From: Waverly Management, Inc. C/O Stefanelli and Batalla 14411 Commerce Way STE 310 Miami Lakes, Fl 33016-1532

Dear Florida Department Of State,

Please understand that Waverly Management is part of the group of clients at Stephanelli and Batalla that just received your notice of payment. We, along with other Stephanelli and Batalla clients never received your first notice that was supposed to come to us in early April. That is why we are sending you a check for \$150.00 that we hope you will agree is fair, since we never were informed earlier. Thank you for understanding our predicament, if there are any questions, please call Michelle Stefanelli or Maria Batalla at 305-557-0303.

Many Thanks Again,

Sincerely,

Mara Goodman-Davies, President