

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90073 046 ***150.00

DOCUMENT # P95000079236



1. Entity Name
FREWAY ENTERPRISES INC.

Principal Place of Business
1411 N. PALM AVE.
PEMBROKE PINES FL 33026
US

Mailing Address
1411 N. PALM AVE.
PEMBROKE PINES FL 33026
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0622771**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAIT, LOUIS F
8405 NW 53 STREET
STE C100
MIAMI FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

4805 NW 53 AVENUE
SUITE # 9

City

MIAMI

FL

Zip Code

33166

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

[Signature] **LOUIS F. CAIT** **3/10/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Delete
NAME	DA ROCHA, RONALDO	
STREET ADDRESS	6765 NW 182 STREET #101	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	DPS	<input checked="" type="checkbox"/> Delete
NAME	KANISK, IRLANDA	
STREET ADDRESS	1411 N PALM AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

[Signature] **Da Rocha** **3/10/03** **954-442-9354**

Date

Daytime Phone #

CR2E034 (10/02)