954-525-5411

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam MAWIII,		80760			A	Sep 17, 2 Secreta 09-17-2001 9	ry of	Sta	te	
Principal Plac		Mailing Address 888 E. LAS OLAS BLVD.								
3RD FLOOR FT. LAUDERDALE FL 33301		3RD FLOOR FT. LAUDERDALE FL 33301				h (santum) ika idike dijik ddiji Aliik C	1111 43 181 1814 88 40 1	(88) 6 (1)	r 82 ri (8 2 i	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number 65-0770402		_	olied For Applicable	
Zip	Country	Zip	p Countr		5. (5. Certificate of Status Desired \$8.75 Additional Fee Required			tional	
:	6 Name and Address of Current F	Registered Agent -			 7.÷N	lame and Address of New Re	gistered Agent			
PELLEGRINO, ANTHONY W 888 E LAS OLAS BLVD 3RD FL				Name Ska Street Addre	AN T. WOOD dress (P.O. Box Number is Not Acceptable) 8 E. LAS OLAS BLVS.					
FOR	T LAUDERDALE FL 33301		City Fr. La			endare,	FL Z	p Code	301	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or reg	istered ag	ent, or both, in the State of Flori	da.			
SIGNATURE .	Signalule, typed or printed name of registered agent a	BRAD TO		6 42 d Agent signature re	quired when re	pinstating)	A /II /OI			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550 Make Check Payable to Department of		State	Election Campaign Fina Trust Fund Contribution.		Added	May Be to Fees	
11.	OFFICERS AND I		12.		AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wood, Merle A III 888 E. Las Olas Blvd. Ft. Lauderdale Fl 33301	□ Delete					□ C	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			c	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ .	☐ Delete		1		-	C	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				thange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	EET ADDRESS ST-ZIP				hange	Addition	
indicated of the cor	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an addressy	true and accurate and that makered to execute this report a	ıv siana	ture shall have	the same	legal effect as if made under oa	ath; that I am an	officer of	or director	

SIGNATURE AND THE DIMMINITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



Specialists in the Sale, Purchase, Charter & Construction of the World's Finest Yachts

September 11, 2001

Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE.

CORPORATE ANNUAL RETURN

MAWIII, INC. DOCUMENT #P95000080760

To Whom It May Concern:

I am writing to ask that you please forgive me for filing our 2001 Annual Return late. I am sure that you hear all kinds of wild stories why people did not send in their returns on time, but I am just going to tell the truth and say that it was just a complete oversight and totally my fault.

I know that there is a penalty for filing late. I have 6 total companies that I am filing including the above-referenced. If we have to pay the penalty that would normally be assessed for all 6 companies, I will probably lose my job. I would like to ask that you please reduce or waive the penalty. It would be greatly appreciated.

Thank you for your kind assistance in this matter.

With best regards,

Brad T. Wood

/btw