2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPER OR PRINTED NAME OF SIGN

FILED DOCUMENT # **P95000095040** May 04, 2000 8:00 am 1. Entity Name WATERWAYS DEVELOPMENT, INC. Secretary of State 05-04-2000 90155 024 ***158.75 Principal Place of Business Mailing Address 15292 S.W. 17 ST. 15292 S.W. 17 ST. DAVIE FL 33326 MIAMI FL 33326-2045 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0627342 Not Applicable Country Country \$8,75 Additional 5. Certificate of Status Desired usb Fee Required 6. Name and Address of Current Registered Agent. 7._Name and Address of New Registered Agent Name ROBBINS, CHARLES D Street Address (P.O. Box Number is Not Acceptable) KATZ BARRON SQUITERO FAUST BERMAN 2699 S. BAYSHORE DR. MIAMI FL 33131 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. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Addition TITLE ☐ Delete GOLAN, AMNON NAME NAME 3620 No. 53 Aue STREET ADDRESS STREET ADDRESS 3111 STERLING RD., #B-132 Hollywood, Fr 3302 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33312 ☐ Addition □ Delete TITLE TITLE GOLAN, DINA NAME 3620 No. 53 Aue 3111 STERLING RD., #B-132 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33312 - ~ Delêtê TITLÈ TITLE DAVENPORT, RICHARD NAME NAME 16335 mariposa Circle No. 16335 MARIPOSA CIRCLE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33331 CITY-ST-ZIP Pembroke Pines FL 33331 Addition TITLE ☐ Delete TITLE DAVENPORT, J. STEVEN NAME STREET ADDRESS 18065 SW 82 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, withall other like empowered.