


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90045 029 \*\*\*158.75

**DOCUMENT #** P96000081423

**1. Entity Name**  
CWC & ASSOCIATES, INC.



**Principal Place of Business**  
150 SE 2ND AVENUE  
SUITE 913  
MIAMI FL 33131  
US

**Mailing Address**  
150 SE 2ND AVENUE  
SUITE 913  
MIAMI FL 33131  
US

**2. Principal Place of Business**  
150 SE 2ND AVE  
Suite, Apt. #, etc. #913

**3. Mailing Address**  
SAME  
Suite, Apt. #, etc.

**City & State**  
MIAMI FLORIDA

**City & State**  
City Zip Country  
33131 AMERICA



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-0706994

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

LANGBEIN, LESLIE W  
20801 BISCAYNE BLVD, SUITE 506  
AVENTURA CORPORATE CENTER  
MIAMI FL 33180

**7. Name and Address of New Registered Agent**

Name NA

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

City FL 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** NA

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CURRY, CYNTHIA W 19301 WEST ST. ANDREWS DR MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSM CURRY, III G P 19301 W ST ANDREWS DR MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 info empowered.**

**SIGNATURE:** [Signature] **RECEIVED VP** **JAN 7, 2003** **305 372-2393**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)