

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007202

1. Entity Name
W3APPS INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90006 034 ***150.00

Principal Place of Business

Mailing Address

310 LAKE CREST CT.
FT. LAUDERDALE FL 33326

310 LAKE CREST CT.
FT. LAUDERDALE FL 33326-3524



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0721333**

Applied For
 Not Applicable

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

KALE, TUSHAR
310 LAKE CREST CT.
FT. LAUDERDALE FL 33326

Name
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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	KALE, TUSHAR	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	310 LAKE CREST CT.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		
D	KALE, SUNITA	<input type="checkbox"/> Delete	
STREET ADDRESS	310 LAKE CREST CT.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: [Signature] Date: 5/30/2000 Daytime Phone #: 954 385 5739

CR2E034 (9/99)