

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000074374

UMOYA WETHU, INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90145 039 ***150.00



Principal Place of Business Mailing Address									
400 WEST AIRPORT DRIVE 400 WEST AIRPORT			Ε					•	
SEBASTIAN FL 32958		SEBASTIAN FL 32958		DO NOT WRITE IN THIS SPACE					
					3. Date Incorp	orated or Qualifed			
					08/27/19				
2 Principal Pi	ace of Business	2a. Mailing Address	lailing Address		4. FEI Number			Applied For	
21		26 P.O. BOX 621		65-07841	42		Not Applicable		
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.7!	5 Additional	
22	.,	27			5. Certificate of	Status Desired	Fee	Required	
City & State	9	City & State			6. Election Car	mpaign, Financing	\$5.0	0 May Be	
23		28 ROSEAAND PL			Trust Fund	Contribution		ed to Fees	
Zip	Country	Zip	Country	1	8. This corpora	tion owes the current y	ear Intangible		
24	25 29 32957 - 0621 30			Personal Property Tax. ☐ Yes ☐ No					
	9. Name and Address of Currer	nt Registered Agent		,	10. Name and	Address of New Regis	stered Agent		
			81	Name				•	
GORDON, JONATHAN 400 WEST AIRPORT DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	ASTIAN FL 32958		83						
			84	City			- 85 Z	ip Code	
			1				┢╙┤┤		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	iorized by	the corp	corporation submits this oration's board of direct	s statement for the purp ors. I hereby accept the	ose of changing appointment as	registered registered	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					equired when reinstating)		PATE	T000 III 40	
12.			13.		ADDITIONS/	CHANGES TO OFFICE	ANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	P	DELETE	1.1 TITLE		SONATHAN	GORDON		je	
NAME	HUBBELL, MICHAEL		1.2 NAME		50NATHAN 400 WEST	AIRPORT DI	RNE		
STREET ADDRESS	960 CARNATION ST			T ADDRESS	SEBASTIAN.		21958		
CITY-ST-ZIP	SEBASTIAN FL 32958	□ pci ctc	1.4 CITY-S	T-ZIP	JCBN31/NO	rauring.	☐ Chanc	ge Addition	
TITLE		DELETE	2.1 TITLE					je 🗆 Addidon	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE						
CITY-ST-ZIP		C priess	2. 4 CITY-5	ST-ZIP			☐ Chang	e Addition	
TITLE		☐ DELETE	31 TITLE					je 🗆 Addition	
NAME			3.2 NAME						
STREET ADDRESS				TADORESS				Į.	
CITY-ST-ZIP		DELETE	3.4. CITY-5	T-ZiP			[7] Chang	ge Addition	
TITLE		☐ Nere IE	4.1 TITLE					,c	
NAME			4. 2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	1-ZP			☐ Chang	ge Addition	
TITLE		["] NETELE	5.1 TITLE 5.2 NAME				- outside	,- <u></u>	
NAME				T ADDRESS					
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP		DELETE	6.1 TITLE	1-21-			Chang	ge Addition	
TITLE			6.2 NAME					,	
NAME				T ADDRESS	,			. [
STREET ADDRESS	N _ 1		CACITY O	T 710	\				

14. 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 annual report or supplimental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (561) 388 5672

R2E034 (11/98)