

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093284

1. Entity Name

PW INTERNATIONAL, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90099 024 ***150.00

Principal Place of Business

1550 MADRUGA AVE.
STE 406
CORAL GABLES FL 33146

Mailing Address

1550 MADRUGA AVE.
STE 406
CORAL GABLES FL 33146

A0054627



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8180 GENEVA CT

3. Mailing Address

8180 GENEVA CT

Suite, Apt. #, etc.

B-226

Suite, Apt. #, etc.

B-226

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0818483

Applied For

Not Applicable

Zip

33166

Country

Zip

33166

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADRAGNA, PIERO
1550 MADRUGA AVE.
STE 406
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

8180 GENEVA CT

B 226

City

MIAMI

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE ☐ Delete
NAME DP
STREET ADDRESS ADRAGNA, PIERO
CITY-ST-ZIP 1550 MADRUGA AVE. STE 406
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME DV
STREET ADDRESS MUCI, SALOMEN A
CITY-ST-ZIP 1550 MADRUGA AVE STE 406
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME DS
STREET ADDRESS SPARTA, ANDREA
CITY-ST-ZIP 1550 MADRUGA AVE STE 406
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8180 GENEVA CT B226
CITY-ST-ZIP MIAMI FL 33166

TITLE ☒ Change ☐ Addition
NAME MUCI, SALOMON
STREET ADDRESS 8180 GENEVA CT B226
CITY-ST-ZIP MIAMI FL 33166

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8180 GENEVA CT B226
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)