

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90466 032 ***158.75

DOCUMENT # P97000098937

1. Entity Name

B50W inc.

DO NOT WRITE IN THIS SPACE

80068569

2. Principal Place of Business

10920 NW 7th St

Suite, Apt. #, etc.

601

City & State

MIAMI FL 33172

Zip

Country

US

3. Mailing Address

10920 NW 7th

Suite, Apt. #, etc.

601

City & State

MIAMI, FL

Zip

33172

Country

US

4. FEI Number

593478520

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

WALTER ORTIZ

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

10920 NW 7th St UNIT 601

City

MIAMI

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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 translating)

DATE

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

☐

**January 1 - May 1 - Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/S/D
FERNANDEZ, RUBY
10920 NW 7th St UNIT 601 MIAMI FL
33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/T/D
ORTIZ, WALTER
10920 NW 7th St #601 MIAMI FL
33172

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER ORTIZ

4/8/2002

704-563-1464

Date

Daytime Phone #