

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050049

1. Entity Name

MWD RESOURCES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90939 041 ***150.00

Principal Place of Business

7355 SOUTHWEST 105TH PLACE
MIAMI FL 33173

Mailing Address

C/O MICHAEL A. SCHWARTZ, CPA
2435 HOLLYWOOD BLVD., STE. 204
HOLLYWOOD FL 33020-6629
US

2. Principal Place of Business

3. Mailing Address

2514 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

508

City & State

City & State

HOLLYWOOD, FL

Zip

Country

Zip

Country

33020

USA

4. FEI Number

65-0840620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

D'AGUILAR, MARK W
7355 S.W. 105 PLACE
MIAMI FL 33143

7. Name and Address of New Registered Agent

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

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, 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

TITLE PSTD
NAME D'AGUILAR, MARK W
STREET ADDRESS 7355 SOUTHWEST 105TH PLACE
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

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

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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: Mark D'Aguiar MARK D'AGUILAR
PRESIDENT

4/29/2000
Date

Daytime Phone #

CR2E034 (9/99)