## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2001 8:00 am Secretary of State DOCUMENT,# P98000081931 Entity Name ( H.W.T., INC. 04-03-2001 90046 002 \*\*\*150.00 Principal Place of Business Mailing Address 950 S. KANNER HWY. 950 S. KANNER HWY. #608 #608 STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address 20300 W. COUNTRY CWB DE. 20300 W. CONATHICLUB DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 朱108 **#108** Applied For City & State 4. FEI Number City & State ENTURA 65-0871621 aventura Not Applicable Country OSA \$8.75 Additional Country 5. Certificate of Status Desired 3180 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARTICOVSCHI, HARRY WARTICOVSCHI, HARRY Street Address (P.O. Box Number is Not Acceptable) 950 S. KANNER HWY. 20300 W. COUNTRY CLUB G-608 **井(08** STUART FL 34994 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. WARTICOUSCHI SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition **Change PVTD** Delete TITLE TITLE NAME WARTICOVSCHI, HARRY NAME 20300 W. COUNTRY CLUB DR +108 STREET ADDRESS STREET ADDRESS 950 S. KANNER HWY., #608 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Addition □ Delete TITLE NAME WARTICOVSCHI, TAMMY NAME 20300 W. COUNTRY CUIB DA STREET ADDRESS STREET ADDRESS S KANNER HWY., #608 AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARTICOUSCHI