

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085762

1. Entity Name
MAWUA, INC.

FILED
02 SEP-8 95 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3801 N MIAMI AVE
MIAMI FL 33127 ✓

Mailing Address
~~P.O. BOX 370215~~
~~66 NE 30TH STREET~~
~~MIAMI FL 33137~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
P.O. BOX 370215
Suite, Apt. #, etc.
City & State
MIAMI FLORIDA
Zip
33137
Country
U.S.A.

4. FEI Number
65-0867224

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
HOLT, SUSANNA
~~1000 VENETIAN WAY, #504~~
~~MIAMI FL 33130~~

7. Name and Address of New Registered Agent
Name
SUSANNA HOLT ARTS - MAWUA
Street Address (P.O. Box Number is Not Acceptable)
3801 NORTH MIAMI AVENUE
City
MIAMI FLORIDA 33127

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 (SUSANNA HOLT) DATE 05/24/02

Signature required by certain classes of registered agents and those it applies to. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | DPST HOLT, SUSANNA 1000 VENETIAN WAY, SUITE 504 MIAMI FL 33130 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

AS ABOVE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2002

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S02102906716 -04/02/02--90881--001 ****150.00 ****150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 provided on this report or supplemental reports 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; and that my name appears in Block 11 or Block 12 of this report; and that my name appears in Block 11 or Block 12 of this report.

SIGNATURE: DATE 05/24/02

SIGNATURE AND TYPED OR PRINTED NAME ARE REQUIRED