

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0266982 AV

04-09-2002 91168 038 \*\*\*150.00

**DOCUMENT # P98000090892**

1. Entity Name  
**M.W. INTERNATIONAL GROUP INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>6919 NW 82 AVE<br/>         MIAMI FL 33166</b> | Mailing Address<br><b>6919 NW 82 AVE<br/>         SUITE 202 BUILDING 3<br/>         MIAMI FL 33166</b> |
|--|--|



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>7830 NW 71 ST</b> | 3. Mailing Address<br><b>7830 NW 71 ST</b> |
| Suite, Apt. #, etc.<br><b>1</b>                        | Suite, Apt. #, etc.                        |

DO NOT WRITE IN THIS SPACE

|                                      |                                  |                                    |  |
|--------------------------------------|----------------------------------|------------------------------------|--|
| City & State<br><b>Miami Florida</b> | City & State<br><b>Miami FL.</b> | 4. FEI Number<br><b>65-0873848</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>33166</b>                  | Country                          | Zip<br><b>33166</b>                | Country  |

|  |
|--|
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|--|

6. Name and Address of Current Registered Agent

**MICHELEN, JULIO J**  
**10565 NW 51 ST**  
**MIAMI FL 33178**

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 \_\_\_\_\_ (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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>MICHELEN, JULIO J<br/>10565 NW 51 ST<br/>MIAMI FL 33178</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD<br/>Julio Michelen<br/>9725 NW 52 ST Apt 504<br/>Miami FL. 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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]** **4-01-02** **(305)599-1121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)