

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90054 033 ***150.00

DOCUMENT # P98000092282

1. Entity Name
BYTHEWAY, INC.

Principal Place of Business

Mailing Address

~~070 MIDDLE RIVER DR STE 106~~
~~FT LAUDERDALE FL 33304~~

~~910 MIDDLE RIVER DR STE 100~~
~~FT LAUDERDALE FL 33304~~

4251 NW 9 AVE #103
POMPANO BEACH FL 33064

SAME

2. Principal Place of Business

3. Mailing Address

4251 NW 9th Avenue

4251 NW 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

103

103

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH

Zip

Country

Zip

Country

33064

USA

33064

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABIANCA, FABRIZIO
318 S 15TH AVE # 5
DEERFIELD BEACH FL 33441

Name

FABRIZIO CABIANCA

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

4251 NW 9 AVE Suite 103

City

POMPANO BEACH FL

Zip Code

33064

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

FABRIZIO CABIANCA

03/23/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DPST
STREET ADDRESS FABRIZIO, CABIANCA
CITY-ST-ZIP 381 SE 15 AVE APT 5
DEERFIELD BEACH FL 33441

TITLE ☐ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS FABRIZIO CABIANCA
CITY-ST-ZIP 4251 N.W. 9TH AVE APT 103
POMPANO BEACH FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/2001

Date

(754) 7810731

Daytime Phone #

CR2E034 (10/00)