

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002453

1. Entity Name

STORM WISE SYSTEMS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90122 030 ***150.00

Principal Place of Business

Mailing Address

1717 BAYSHORE DR. THE GRAND, STE 2600
MIAMI FL 33132

1717 BAYSHORE DR. THE GRAND, STE 2600
MIAMI FL 33132

822721



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10300 SUNSET DRIVE

10300 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

307

City & State

MIAMI, FL.

City & State

MIAMI, FL.

4. FEI Number

45-0896250

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

ANDINO, JULIO

1717 BAYSHORE DR, THE GRAND, STE 2600
MIAMI FL 33132

Name JULIO ANDINO

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

5870 S.W. 114th ST.

City

MIAMI, FL.

FL

Zip Code

33144

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ANDINO, JULIO
STREET ADDRESS 1717 BAYSHORE DR, THE GRAND, STE 2600
CITY-ST-ZIP MIAMI FL 33132

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME ANDINO, JULIO
STREET ADDRESS 5870 S.W. 114th ST.
CITY-ST-ZIP MIAMI, FL. 33144

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)