2000 UNIFORM BUSINESS REPORT (UBR)

4/4/2

DOCUMENT # P99000014176

1. Entity Name

BY THE WAY, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State
04-24-2000 90072 014 ***150.00

Principal Place of Business	Mailing Address
444 BRICKELL AVENUE SUITE 912 MIAMI FL 33131	444 BRICKELL AVENUE SUITE 912 MIAMI FL 33132-2305

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Biscayne Blvd	100 Biscayne Blvd
Suite, Apt. #, etc.: # 2904	Suite, Apt. #, etc.: # 2904
City & State: Miami FL	City & State: Miami FL
Zip: 33132-2305 Country: USA	Zip: 33132 Country: USA

4. FEI Number: 65-0894933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $~~8.75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

~~ZISKIND & ARVIN, P.A.~~
~~444 BRICKELL AVENUE~~
~~SUITE 912~~
~~MIAMI FL 33131~~

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 _____ President. Nicolas de Saint Saureur DATE 05/01/00.
Signature, type or printed name of registered agent and title if applicable. (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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Nicolas de Saint Saureur 100 N. Biscayne Blvd # 2904 Miami FL 33132 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Nicolas de Saint Saureur Same address ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Nicolas de Saint Saureur Same address ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Nicolas de Saint Saureur Same Address ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ President 05/01/00 305 490 0303.
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #