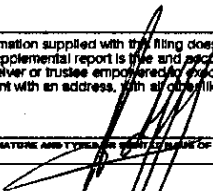


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91029 019 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014176			
1. Entity Name BY THE WAY, INC.			
Principal Place of Business 100 BISCAYNE BLVD #2904 MIAMI, FL 33132		Mailing Address 100 BISCAYNE BLVD #2904 MIAMI, FL 33132	
2. Principal Place of Business 100 N Biscayne Blvd		3. Mailing Address 100 N Biscayne Blvd	
Suite, Apt. #, etc. 2904		Suite, Apt. #, etc. 2904	
City & State Miami FL		City & State Miami FL	
Zip 33132		Country	
Country		Zip 33132	
Country		Country	
4. FEI Number 65-0894933		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
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 BENICHAY BRIGITTE 100 N Biscayne Blvd #2904 MIAMI FL 33132 FL	
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. I am familiar with, and accept the obligations of registered agent.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD SAINT SAUVEUR, NICOLAS DE 100 N BISCAYNE BLVD, #2904 MIAMI, FL 33132		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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	
12. 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all of the like empowered.			
SIGNATURE: 		Date 5/01/03 305 379 7202	