2000 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2000 08:00 AM DOCUMENT # P99000037322 1. Entity Name **Secretary of State** BWS ENTERPRISES, INC. Principal Place of Business Mailing Address 2301 NE 20TH AVENUE 2301 NE 20TH AVENUE FORT LAUDERDALE FL FORT LAUDERDALE FL 33305 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0916325 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 2324 NE 20TH AVE. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE 33305 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. 04/07/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change X Addition NAME BUEHRER STEVEN STREET ADDRESS STREET ADDRESS 2301 N.E. 20TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE 33305 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME WOOD JEFFREY STREET ADDRESS STREET ACCRESS 2324 N.E. 20TH AVENUE FORT LAUDERDALE CITY-ST-ZIF CITY-ST-7IP FT. 33305 TITLE ☐ Delete TILE ☐ Change **X** Addition NAME NAME STEVER JAMES STREET ADDRESS 2271 N.E. 25TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT 33064 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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.

IONIATURE. HEREDEVS WOOD