

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8088950

DOCUMENT # P99000053560

1. Entity Name
MW INTERNATIONAL, INC.



Principal Place of Business
1975 SOUTH TAMiami TRAIL
VENICE FL 34293

Mailing Address
1975 SOUTH TAMiami TRAIL
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0928229

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

BOONE, STEPHEN K
1001 AVENIDA DEL CIRCO
VENICE FL 34285

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WINTERS, MARLENE K
1975 S TAMiami TRAIL
VENICE FL 34293 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
700020053567
05/29/03--01001--005 **150.00 ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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 provided in Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, and is accompanied by a duly authorized signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Daytime Phone #

FILED

03 MAY 16 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank You.
Marlene Kay Winters



CR2E034 (10/02)