

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
 05-13-2000 90009 001 ***150.00

DOCUMENT # **P 99 0000 55505**
 1. Entity Name
Stormwise Solutions, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
10899 SW 72nd
 Suite, Apt. #, etc.
201
 City & State
MIAMI, FL
 Zip
33173 Country
US

3. Mailing Address
10899 SW 72nd
 Suite, Apt. #, etc.
201
 City & State
MIAMI, FL
 Zip
33173 Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0927726 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

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 _____ (NOTE: Registered Agent Signatures Required Agent Information)

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	D/P	☒ Delete	TITLE	D/P	☒ Change ☐ Addition
NAME	Camilo Diaz		NAME	Jeff Kosmo	
STREET ADDRESS	10899 SW 72 nd #201		STREET ADDRESS	10899 SW 72 nd #201	
CITY-ST-ZIP	MIAMI, FL 33173		CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **Jeff Kosmo** **4/29/00 305 412 3900**