

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-24-2002 90189 010 ***150.00

DOCUMENT # **P99000055505**

1. Entity Name

StormWise Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9434 SW 149 St.

Suite, Apt. #, etc.

3. Mailing Address

9434 SW 149 St

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0927726

Applied For

Not Applicable

Zip

33176

Country

US.

Zip

33176

Country

US

5. Certificate of Status Desired. ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Camilo Diaz

Street Address (P.O. Box Number is Not Acceptable)

9434 SW 149 St

City

Miami

FL

Zip Code

33176

**DO NOT WRITE
IN THIS SPACE**

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

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

Camilo Diaz pres.

07/22/02.

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	President
NAME	Camilo Diaz
STREET ADDRESS	9434 SW 149 St
CITY-ST-ZIP	Miami, FL 33176.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Camilo Diaz pres 07/22/02

Date

786-306-6466.

Daytime Phone #

Attachment
StormWise Solutions, Inc.

41414
P99000055505

July 22, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

To whom it may concern:

During a meeting with my accountant today we realized that, we had not filed the corporation's annual report. Due to a change of address, we never received the yearly notification. I was able to obtain the required form from your website and I am enclosing it with a check. Please accept it as timely filed.

If I can be of any assistance, do not hesitate to contact me at 786-306-6466

Thank you in advance for your time.



Camilo Diaz
President

Attachment



41414

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 26, 2002

STORMWISE SOLUTIONS, INC.
9434 SW 149 ST
MIAMI, FL 33176

Subject: STORMWISE SOLUTIONS, INC.

Reference Number: P99000055505

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

850 245 6059

/mm

ANNUAL REPORTS SECTION