

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90150 019 ***150.00

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AV

DOCUMENT # P99000069051

1. Entity Name
CEW, INC.



Principal Place of Business
**3520 SW 144 AVE
MIRAMAR FL 33027**

Mailing Address
**3520 SW 144 AVE
MIRAMAR FL 33027**



2. Principal Place of Business

12289 PEMBROKE RD

3. Mailing Address

12289 PEMBROKE ROAD

Suite, Apt., #, etc.

Suite 33

Suite, Apt., #, etc.

Suite 33

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33025

Country

BROWARD

Zip

33025

Country

BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0519824

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, CHAD
3520 SW 144 AVE
MIRAMAR FL 33027**

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. 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

TITLE **PSTD** ☐ Delete
NAME **WILSON, CHAD E**
STREET ADDRESS **3520 SW 144 AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **WILSON, CHAD E**
STREET ADDRESS **12289 PEMBROKE ROAD SUITE 33**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

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

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

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03

Date

(954) 436-6289

Daytime Phone #

CR2E034 (10/02)