

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

05-30-2003 90084 007 \*\*\*150.00

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

DOCUMENT # P99000078784

1. Entity Name  
WHITEWATER SOUTH INDUSTRIES, INC.



Principal Place of Business  
7800 RED ROAD  
SUITE 104 117-A  
SOUTH MIAMI FL 33143

Mailing Address  
7800 RED ROAD  
SUITE 104 117-A  
SOUTH MIAMI FL 33143

55049337

2. Principal Place of Business  
7800 Red Rd  
Suite, Apt. #, etc.  
117-A

3. Mailing Address  
7800 S.W. Ave  
Suite, Apt. #, etc.  
117-A

☒ CHECK HERE IF MAKING CHANGES

City & State  
S. Miami FL  
Zip 33143 Country USA

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S. Miami FL  
Zip 33143 Country USA

4. FEI Number 65-1113473

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

OTERO, RICARDO  
7800 RED ROAD  
SUITE 104 117-A  
SOUTH MIAMI FL 33143

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 ☒ President  
NAME ~~HEUGS, ALAN~~ LILIJEN CHITMAN  
STREET ADDRESS 7800 RED ROAD, SUITE 104 117-A  
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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

Lilijen Chitman

Date

Daytime Phone #

6/24/03

CR2E034 (10/02)