

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093120

1. Entity Name
RDWY.COM, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90007 016 ***558.75

008122 AV

Principal Place of Business Mailing Address
6425 HUDSON BAY LN 6425 HUDSON BAY LN
LAKE WORTH FL 34467 LAKE WORTH FL 34467



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1002501

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

PHAM, DEANE
201 W. PANAMA ROAD
WINTER SPRINGS FL 32708

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME LEFLER, FABIAN
STREET ADDRESS 6425 HUDSON BAY LN
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME DANG, BAO
STREET ADDRESS 567 TRACE CIRCLE UNIT #104
CITY-ST-ZIP DEERFIELD BEACH FL 33441

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/01 (561)670-7677

Date

Daytime Phone #

CR2E034 (5/01)