2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State S77110 DOCUMENT # 1. Entity Name 05-27-2002 90422 049 ***150.00 ZEWA, INC. Mailing Address Principal Place of Business 848 BRICKELL AVE. STE. #605 848 BRICKELL AVE. STE #605 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business 10438 N.W. 31st Terrace 10428 N.W 31st Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0284800 Miam Not Applicable Miami \$8.75 Additional Country ΖIp Country 5. Certificate of Status Desired U.S A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Zeindler Heidi ZEINDLER, HEIDI 848 BRICKELL AVE, STE #605 MIAMI FL 33131 City Miami 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 Zeindler Thomas FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Ø (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSTO (10/6) **PSTD** Md Change TITLE ☐ Delete Zeindler, Thomas ZEINDLER, THOMAS NAME NAME 10439 N.W. 31st Terrace 848 BRICKELL AVE, STE #605 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33172 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7P Delete. Change ... Addition TITI F TITLE ... NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME -NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete - Addition NAME NAME STREET ADDRESS STREET ADDRESS 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)(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.

FILED