

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90227 017 ***150.00

DOCUMENT # P00000024602

1. Entity Name
AWA INC.

Principal Place of Business Mailing Address

**3868 S.E. DIXIE HWY.
 STUART FL 34997** **3868 S.E. DIXIE HWY.
 STUART FL 34997**

2. Principal Place of Business 3. Mailing Address

222 Lakeview Ave **222 Lakeview Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

225 **# 225**

City & State City & State

West Palm Beach, FL **West Palm Beach, FL**

Zip Country Zip Country

33401 **USA** **33401** **USA**

4. FEI Number Applied For

05-1092142 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00050284



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIEGER, JOSEPH J
 3868 S.E. DIXIE HWY.
 STUART FL 34997**

7. Name and Address of New Registered Agent

Name

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

222 Lakeview Ave.

225

City State Zip Code

West Palm Beach, FL 33401

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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	
TITLE	PTD <input type="checkbox"/> Delete
NAME	RIEGER, JOSEPH J
STREET ADDRESS	3868 S.E. DIXIE HWY.
CITY-ST-ZIP	STUART FL 34997
TITLE	VSD <input type="checkbox"/> Delete
NAME	COHEN, PETER
STREET ADDRESS	3868 S.E. DIXIE HWY.
CITY-ST-ZIP	STUART FL 34997
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	222 Lakeview Ave # 225
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	222 Lakeview Ave. # 225
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE _____ DATE **04/30/01** DAYTIME PHONE # **561-820-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)