

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


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90204 015 ***155.00

AY 0001721

DOCUMENT # P02000106763

1. Entity Name
AWR INVESTMENT MANAGEMENT, INC.



Principal Place of Business
**% NICOLE J. HUESMANN, P.A.
3001 S.W. 3RD AVENUE
MIAMI FL 33129**

Mailing Address
**% NICOLE J. HUESMANN, P.A.
3001 S.W. 3RD AVENUE
MIAMI FL 33129**

2. Principal Place of Business
**c/o Nicole J. Huesmann, P.A.
Suite, Apt. #, etc. 150 Alhambra Circle
1150**

3. Mailing Address
**c/o Nicole J. Huesmann, P.A.
150 Alhambra Circle, Suite 1150
Suite, Apt. #, etc. 1150**

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida


Zip
33134

Country
Miami-Dade

Zip
33134

Country
Miami-Dade

1



CHECK HERE IF MAKING CHANGES

4. FEI Number
30-0147277

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RINCON-VERACOECHEA, GUNTHER
3001 SW 3RD AVENUE
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name
Rincon-Veracoechea, Gunther

Street Address (P.O. Box Number is Not Acceptable)
~~150 Alhambra Circle~~

Suite 1150

City
Coral Gables

FL Zip Code
33134

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **Alberto W. Rincon-Belzares** **4/18/03** **937 268 6511** **Ext: 1314**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)