

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90028 048 ***150.00

DOCUMENT # P98000023326

1. Entity Name
AMERICA WORKS OF MIAMI, INC.

Principal Place of Business 2125 BISCAYNE BLVD #340 MIAMI FL 33137 US	Mailing Address 1215 CHESTNUT STREET NEWTON UPPER FALLS MA 02464-1308 US
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2. Principal Place of Business 260 NORTHEAST 17TH TERRACE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33132 Country USA	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1509480	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **CHANGES** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BOWES, LEE
2125 BISCAYNE BLVD
SUITE 340
MIAMI FL 33137

7. Name and Address of ~~Now~~ Registered Agent
 Name **LEE BOWES**
 Street Address (P.O. Box Number is Not Acceptable)
260 NORTHEAST 17TH TERRACE
 City **MIAMI, FL** Zip Code **33132**

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. **1-20-2000**

SIGNATURE **LEE BOWES, CEO** ✓ 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 \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEVOVITZ, ABRAHAM 51 HEATH HILL BROOKLINE MA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BOWES, LEE 126 Highbrook Avenue PELHAM NY 10803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CSAPLAR, RICHARD 260 FRANKLIN STREET BOSTON MA 02110-3179 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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

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: **3-2-00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #