

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90249 047 ***150.00

DOCUMENT # F96000002089

1. Entity Name

AMERICAN WORLD FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

**8401 WHITE OAK AVE
STE 103
RANCHO CUCAMONGA CA 91730
US****8401 WHITE OAK AVE
STE 103
RANCHO CUCAMONGA CA 91730
US**

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 **33-0689030**

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

Name

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

City

FL

Zip Code

**SUMMERS, JACK
7380 SAND LAKE RD., STE 500
ORLANDO FL 32819**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P GEORGE F. HUNTER 6148 LAKE LINDERO DR. AGOURA HILLS CA	<input type="checkbox"/>		
CS CAVY, PAULA A 7055 MANGO ST. ALTA LOMA CA 91701	<input type="checkbox"/>		
VT HUNTER, JOSEPH J 12779 GOLDEN PRAIRIE RANCHO CUCAMONGA CA 91739	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

Paula A. Cavy, PAULA A. CAVY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-13-01**
Date**(909) 945-2233**
Daytime Phone #

CR2E034 (10/00)