

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98035

1. Entity Name  
AGWA INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90074 021 \*\*\*150.00

Principal Place of Business  
8822 SW 113 PL CIR E  
MIAMI FL 33176  
US

Mailing Address  
8822 SW 113 PL CIR E  
MIAMI FL 33176  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
8822 S.W. 113 PL. CIR  
Suite, Apt. #, etc.  
MIAMI

3. Mailing Address  
8822 S.W. 113 PL. CIR E  
Suite, Apt. #, etc.  
MIAMI

City & State  
MIAMI FLORIDA

City & State  
MIAMI, FL.

4. FEI Number 59-2268306

Applied For  
Not Applicable

Zip Country  
33176 USA

Zip Country  
33176 USA

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

JAMES A. CARRAWAY,  
6430 S.W. 73 COURT  
MIAMI FL 33143

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *James A. Carraway*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*April 27, 2001*  
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 PD ☐ Delete  
NAME WELLINGHOFF, ARNOLD G.  
STREET ADDRESS 5901 TURIN ST  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE: *James A. Carraway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pres. April 24 2001 305-412-6453*

CR2E034 (10/00)