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

## H34290 **DOCUMENT #**



## FILED Mar 17, 2003 8:00 am Secretary of State

SIREET ADDRESS CITY-ST-ZIP  MIAMI FL  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	AWARDS, INCO	RPORATED			03-17-2003 91081 024 ***150.00	
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Suite, Apt. #, otc.    City & State	2. Principal Place of Bu	siness	3. Mailing Address			
City & State  Country  S. Certificate of Status Desired  S. Certificate of	Suito Act # etc					
Zip Country Zip Country 5, Certificate of Status Desired SR, 75 Additional SR, 75 Ad			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
Total Application   See   Sequence   Sequence   See   Sequence	City & State		City & State		4. FEI Number 50-2522055 Applied Fo	
S. Name and Address of Current Registered Agent  CRAVEZ, LARRY 9995 S.W. 126 TERR. MIAMIF I, 33176  City  City  FL  City  City  FL  City  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  FL  City	Zip	Country	Zip	Country	Not Applica	
CRAVEZ, LARRY 9995 S.W. 126 TERR. MIAMI FL 33176  City FL Zip Code	6. Nan	ne and Address of Current	Registered Agent	!	Fee Required	
Silicent Address (P.O. Box Number is Not Acceptable)    Silicent Address (P.O. Box Number is Not Acceptable)				Name	7. Name and Address of New Hegistered Agent	
MIAMI FL 33176  8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of changing its registored office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of changing its registored agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of changing its registored agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of changing its registored agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of changing its registored office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of changing its registored office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of changing its registored office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the purpose of change purpose of change purpose or purpos					Iress (P.O. Box Number is Not Acceptable)	
E. 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 ecologistic or present review of registered agent, or both, in the State of Florida. I am familiar with, and accept state of ecologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept state of ecologistic or registered agent, or both, in the State of Florida. I am familiar with, and accept state of		FI.			- Total Cooperatory	
The above named entity submits this statement for the purpose of changing its registared algorit, or both, in the State of Florida. I am familiar with, and access the objections of registared agent.    SIGNATURE				City		
SIGNATURE    Signature in product remitted name of registered agent and site if applicable.   (NOTE Registered Agent agrature reculted when remitteding)   DATE		ity submits this statement fo	or the nurpose of characine	I -	FL Zip Code	
FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$55.0.0  Make Check Payable to Fiorida Department of State  10.	the obligations of regi	stered agent.	rate purpose of changing	tits registered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and acce	
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After May 1, 2003 Fee will be \$550.00 May Be Added to Foese Make Check Payable to Florida Department of State  10.			and title if applicable. (N	NOTE: Registered Agent signature re	equited when reinstating) DATE	
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