

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90055 050 \*\*\*150.00

**DOCUMENT # P00000086781**

**1. Entity Name**  
**AWA INTERNATIONAL, INC.**

<b>Principal Place of Business</b> 1450 SW 10TH ST SUITE 3B DELRAY BEACH FL 33444	<b>Mailing Address</b> 1450 SW 10TH ST SUITE 3B DELRAY BEACH FL 33444
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**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number** **65-1044043**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VASSALLO, JOE**  
**1630 S. CONGRESS AVE**  
**PALM SPRINGS FL 33461**

Name **Danny GLOBERMAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1450 SW 10th St**  
 City **Delray Beach**      **FL**      Zip Code **33444**

**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 *Barry GLOBERMAN*      **BARRY GLOBERMAN**      **1-7-02**  
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, 2002 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 <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SWEENEY, JOHN</b>	
STREET ADDRESS <b>1450 SW 10TH ST #36</b>	
CITY-ST-ZIP <b>DELRAY BEACH FL 33444</b>	
TITLE <b>CEO</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MANSFIELD, JIM</b>	
STREET ADDRESS <b>P.O. BOX 42578 CHANCERY HOUSE</b>	
CITY-ST-ZIP <b>FREEPOR BAHAMAS</b>	
TITLE <b>CBD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BROOKS, HARRY JR</b>	
STREET ADDRESS <b>4879 LOMAS SANTE FE</b>	
CITY-ST-ZIP <b>LAS VEGAS NV 89147</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>President/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BARRY GLOBERMAN</b>	
STREET ADDRESS <b>1450 SW 10TH ST</b>	
CITY-ST-ZIP <b>Delray Beach FL 33444</b>	
TITLE <b>Exec V.P. / Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Jeffrey Kramer</b>	
STREET ADDRESS <b>1450 SW 10th St</b>	
CITY-ST-ZIP <b>Delray Beach FL 33444</b>	
TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Chris Harrison</b>	
STREET ADDRESS <b>1450 SW 10th St</b>	
CITY-ST-ZIP <b>Delray Beach FL 33444</b>	
TITLE <del>Robert Botwinick</del> <b>Sally / Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Robert Botwinick</b>	
STREET ADDRESS <b>1450 SW 10th St</b>	
CITY-ST-ZIP <b>Delray Beach FL 33444</b>	
TITLE <del>Steve Herman</del> <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Steve Herman</b>	
STREET ADDRESS <b>1450 SW 10th St</b>	
CITY-ST-ZIP <b>Delray Beach FL 33444</b>	
TITLE <del>Barry Herman</del> <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Barry Herman</b>	
STREET ADDRESS <b>1450 SW 10th St</b>	
CITY-ST-ZIP <b>Delray Beach FL 33444</b>	

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Barry GLOBERMAN*      **Barry GLOBERMAN**      **1-7-02**      **561-330-0556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)