

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.

Principal Place of Business

**1450 SW 10TH ST
 SUITE 3B
 DELRAY BEACH FL 33444**

Mailing Address

**1450 SW 10TH ST
 SUITE 3B
 DELRAY BEACH FL 33444**

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

65-1044043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Barry 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
 Signature, typed or printed name of registered agent and title if applicable.

Barry GLOBERMAN
 (NOTE: Registered Agent signature required when reinstating)

1-7-02
 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Barry GLOBERMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 561-330-0556

CR2E034 (9/01)