

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90045 034 ***150.00

DOCUMENT # **PO1000101597**

1. Entity Name

A.W.M. Corporation ✓

974367

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1124 SW 5th St #24

Suite, Apt. #, etc.

3. Mailing Address

8360 W. Flagler St #203

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami - FL 33174

City & State

Miami - FL 33144

4. FEI Number

65-1150234

Applied For

Not Applicable

Zip

33174

Country

Miami - FL

Zip

33144

Country

Miami - FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

William Morales

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

1124 SW 5th St #24

Miami - FL 33174

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

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 fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: **V.P./Treas**
NAME: **Armando Paredes**
STREET ADDRESS: **8145 NW 7th St #521**
CITY - ST - ZIP: **Miami - FL 33126**

TITLE: **Pres./Sec**
NAME: **William Morales**
STREET ADDRESS: **1124 SW 5th St #24**
CITY - ST - ZIP: **Miami - FL 33174**

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/02

CR2E034B (12/01)

Attachment 974367
PO 1060-101597

AWM CORPORATION
11124 SW 5th ST. #24
Miami, FL 33174

August 1, 2002

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Gentlemen:

We did not receive the Uniform Business Report Form for 2002. We have downloaded it from the computer and are sending it together with the \$150 filing fee.

Please send all future correspondence to our accountant's office, Longaray & Associates, 8360 West Flagler St. 203, Miami, FL 33144 in order to avoid problems in the future.

Very truly yours,



Armando Paredes
✓ President

AP/ml