2002 UNIFORM BUSINESS REPORT (UBR) P01000111569 **DOCUMENT #** 1. Entity Name **AWK CORPORATION**

Aug 07, 2002 8:00 am Secretary of State 08-07-2002 90184 027 ***150.00

Principal Place of Business Mailing Address									
9121 N. MILITARY TTAIL. SUITR 212 PALM BCH GARDENS FL 33410		9121 N. MILITARY TTAIL. SUITR 212 PALM BCH GARDENS FL 33410							
2. Principal F	Place of Business	3. Mailing Address							0311 <u>3</u> 1031 1961
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SF	ACE	
City & Stat	е	City & State			1	4. FEI Number Applied For Not Applied For			
Zip Country		Zip	intry		Certificate of Status Desired		8.75 Add		
	6. Name and Address of Curren	nt Registered Agent	<u>. </u>		7.	Name and Address of New R		•	
				Name	BBUL	. W. KHOK.	HAR		
	stephen esq.					Box Number is Not Acceptable		-	
PMB 393, 4521 PGA BLVD.				37:	<u>5 / S</u>	· malitary	True	<u>e</u> _	
PALM BCH GARDENS FL 33418					rke	worth			
				City	FAJ 1		FL	Zip Cod	162
8. The above	named entity submits this statement f	for the purpose of changing its	registere	ed office or	r registered a	gent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	ions o registered agent.	A					-6	1	
SIGNATURE .	Signature typed of pained name of registered ager	nt and title if applicable. (NOT	F: Begistere	n Anent signat	ure required when	reinstating		0	
- T1 :						;			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	le FILE NOW! After September 13	2002	io accu. Fee will b	e \$750.00	10. Election Campaign Fin	~ —		O May Be
	ria on back)	Make Check Payat				Trust Fund Contribution	ليا ١.	Added	to Fees
11.	OFFICERS AND	D DIRECTORS	12.		A A	ODITIONS/CHANGES TO OFF	CERS AND	IRECTORS	S IN 11
TITLE	D	☐ Delete	TITLE		TR.		ا م	Change	☐ Addition
NAME	KHOKHAR, ABDUL W		NAMI		ABD	UL W: KHO	KAAR	+	
STREET ADDRESS CITY-ST-ZIP	3714 10TH AVE. NORTH LAKE WORTH FL 33461			ET ADDRESS -ST-ZIP	375	UL W. HHO.	ail	334	23
ITTLE	Bate Wolling Boto.	□ Delete	TITLE			LARE LOOK		☐ Change	☐ Addition
NAME		□ Dei¢(e	NAMI						L. Addition
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CITY-ST-ZIP		_	CITY	-ST-ZIP			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-	
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CITY-ST-ZIP				et address* -St-Zip	-				
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CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	1			ſ	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP				ET ADDRESS ST-7IP					

13. I hereby certify that the information supplied with this filling 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:

640 - 40/0 (56) Daytime Phone #

AHqchment #PO10001115G 123740

Dated 07/12/2002

The Secretary of State, Division of Corporation, Tallahassee, Florida

Dear Madam / Sir

, with 1222

Subj: Late Filing of Uniform Business Report

With due respect, it is very humbly stated that I never got my UBR form, the reason seems to be my new address. I had, though informed the Post Office of change of my address.

I will much appreciate your benevolence & sympathetic consideration in this matter. However, I am submitting an amount of \$ 150.00 for the year.

Thanking you.

Yours Sincerely,

A.W.Khokhar)

3751 S.Military trai, Lake Worth, Fl 33463