

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90167 030 ***150.00

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DOCUMENT # P02000067344

1. Entity Name
A.W. FUNDING & INVESTMENTS CORPORATION



Principal Place of Business
**6870 NW 173 DR #704
MIAMI FL 33015**

Mailing Address
**6870 NW 173 DR #704
MIAMI FL 33015**

2. Principal Place of Business
12930 SW 49 Ct.

3. Mailing Address
12930 SW 49 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

Zip
33027

Country

Zip
33027

Country

4. FEI Number
75-3107560

Applied For
Not Applicable

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

XX CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COLON, WILMA
6870 NW 173 DR #704
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name
COLON, WILMA
Street Address (P.O. Box Number is Not Acceptable)
12930 SW 49 Ct.
City
MIRAMAR **FL** Zip Code
33027

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPVS** ☒ Delete
NAME **COLON, WILMA**
STREET ADDRESS **6870 NW 173 DR #704**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **T** ☒ Delete
NAME **COLON, WILMA**
STREET ADDRESS **6870 NW 173 DR #704**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVS** ☒ Change ☐ Addition
NAME **COLON, WILMA**
STREET ADDRESS **12930 SW 49 Ct.**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **T** ☒ Change ☐ Addition
NAME **COLON, WILMA**
STREET ADDRESS **12930 SW 49 Ct.**
CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

305-200-1721

Daytime Phone #

CR2E034 (10/02)