2002 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2002 8:00 am & Secretary of State P97000090731 **DOCUMENT #** 1. Entity Name AIR-WORLD ENVIRONMENTAL, INC. 05-10-2002 90047 022 ***150 00 Principal Place of Business Mailing Address 15173 NE 21ST AVENUE PO BOX 611028 NORTH MIAML BEACH FL 33162 359030 N MIAMI BEACH FL 33261-1028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0790607 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Address of Current Registered Agent > -7. Name and Address of New Registered Agent - - - -Name MULLOWNEY, ROBERT L JR Street Address (P.O. Box Number is Not Acceptable) 15173 NE 21ST AVENUE NORTH MIAMI BEACH FL 33162 City Zip Code FL & 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 title if applicable. 47. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Mullowney, Robert Jr NAME NAME 2391 BAYVIEW LANE STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filing does cualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if or supplemental report is true and ac of the corporation or the receiver of changed, or on an atta

SIGNATURE: