

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0155702 AV

DOCUMENT # P01000034529

1. Entity Name
APONWAO REPRESENTATIONS, CORP.

02-05-2002 90023 031 ***158.75

Principal Place of Business 1061 SW 122 AVENUE PEMBROKE PINES FL 33025	Mailing Address 1061 SW 122 AVENUE PEMBROKE PINES FL 33025
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-1108384	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent MAZZA-MARTINEZ, TANIA A MS. 782 NW 42 AVENUE SUITE 638 MIAMI FL 33126	7. Name and Address of New Registered Agent Name: <i>Maza - Martinez & ASSOC, PA</i> Street Address (P.O. Box Number is Not Acceptable): <i>10302 NW 42 AV. Suite 637</i> City: <i>Miami</i> FL Zip Code: <i>33126</i>
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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]* DATE: *1/17/02*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: DIAZ, ROSA E STREET ADDRESS: 1061 SW 122 AVENUE CITY-ST-ZIP: PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete	TITLE: President NAME: ROSA E. VELASCO-DIAZ STREET ADDRESS: 1061 SW 122 AV CITY-ST-ZIP: PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: GM NAME: DIAZ, JOSE L STREET ADDRESS: 1061 SW 122 AVENUE CITY-ST-ZIP: PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete	TITLE: GM NAME: DIAZ, JOSE L. STREET ADDRESS: 1061 SW 122 AV CITY-ST-ZIP: PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* Date: *1/17/02* Daytime Phone #: *954-3925390*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/02 (10/1)