2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F69304 **DOCUMENT #**

1. Entity Name

AVATAR LEISURE LAKES, INC.

FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 92192 033 ***158.75

Principal Plac	ce of Business	Mailin	g Address							
201 ALHAMBI	ra circle	201 A	201 ALHAMBRA CIRCLE							
12TH FL			FL							
CORAL GABL	ES FL 33134	CORA	CORAL GABLES FL 33134							
		·								
2. Principal Place of Business			3. Mailing Address				11451 #8 511 B 181 B194	F 05011 91911 01017 0		
Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City	City & State			4. FEI Number 65-0012731			pplied For ot Applicable	
Zip Country		Zip	Zip Cou						75 Additional	
	6. Name and Address of Curr	rent Registere	d Agent	<u> </u>		7. Name and Address of	New Registere			
	,		<u> </u>		lame			<u> </u>		
KERRIGAI	n, Juanita I.			<u> </u>						
	AMBRA CIRCLE			8	Street Address (P.O. Box Number is Not Acceptable)					
12TH FL	undid t Ontoll			<u> </u>						
	1401 FO Ft 00404									
CORAL GABLES FL 33134					City	ty FL Zip Code				
	e named entity submits this stateme	nt for the purp	ose of changing its	registered o	ffice or regis	tered agent, or both, in the State	e of Florida. I a	m familiar with,	and accept	
the obliga	itions of registered agent.									
0.07.147.105										
SIGNATURE	Signature, typed or printed name of registered a	agent and title if app	licable. (NQT	E: Registered Age	ent signature requi	red when reinstating)	DATE			

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						9. Election Campa		\$5.0)0 May Be	
	k Payable to Florida Departme	.1				Trust Fund Cont	ribution.	☐ Adde	d to Fees	
10.			DC .	11.		ADDITIONS (CHANCES T	O OFFICERS A	NO DIRECTOR	OC IN 111	
	VSD	AND DIRECTO				ADDITIONS/CHANGES T	U UFFICERS A			
TITLE NAME	KERRIGAN, JUANITA I.		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH	J C1		STREET AL	nnnece.					
CITY-ST-ZIP	CORAL GABLES FL 33134	116		CITY-ST-						
	P							☐ Change	☐ Addition	
TITLE NAME	IORIO, JR. A		☐ Delete	TITLE NAME				- Change	☐ Youtlott	
STREET ADDRESS	1201 ALHAMBRA CIRCLE 12TI	J EI		NAME STREET A	INDESS					
CITY-ST-ZIP	CORAL GABLES FL 33134	1 FL		CITY-ST-						
		a.								
TITLE	VTD	٠.	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	MCNAIRY, CHARLES	J EI		NAME STREET AL	nnece					
CITY-ST-ZIP	201 ALHAMBRA CIRCLE 12TH CORAL GABLES FL 33134	1 FL (•		CITY-ST-						
	 									
TITLE	CETMAN DENNIC I		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	GETMAN, DENNIS J.	J C1		NAME Street at	nnecec					
STREET WORDESS	TZUT ALDAMONA CINCLE 1/11	3 FL		■ JINEEL AL	IUNCOO I					

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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

☐ Delete

CORAL GABLES FL 33134

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME.

☐ Change

☐ Addition

Addition