## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 16, 2002 8:00 am Secretary of State DOCUMENT # P99000019680 1. Entity Name 05-16-2002 90042 011 \*\*\*150 00 AVANZATO DESIGN ASSOCIATES, INC. Principal Place of Business Mailing Address 1924 A HOLLYWOOD BLVD 1924 A HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2755 SW 27*55 S*W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State. 4. FEI Number Applied For 65-0898714 MIAN 11 A M Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 6.-Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent AVANZATO VINKENZO AVANZATO, VINCENZO Street Address (P.O. Box Number is Not Acceptable) 1817 S. OCEAN DR. #727 SW HALLANDALE FL 33009 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE Change Addition AVANZATO, VINCENZO AVANZATO, JINCE NZO NAME NAME 2755 SW 22 AVE 18175 OCEAN DR #727 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP MIAMI FL 33133 CITY-ST-7IP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change-■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 redeint by trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rechanged, or on an attachm

SIGNATURE: