

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90247 044 ***150.00

DOCUMENT # P94000040924

1. Entity Name

A. AVENTURA MAID SERVICES, INC.

Principal Place of Business

**10727 WEST DIXIE HWY
 SUITE 104
 NORTH MIAMI BEACH FL 33160
 US**

Mailing Address

**P.O. BOX 601101
 NORTH MIAMI BEACH FL 33160
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0495014**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**VELAZCO, DIANA ROSA
~~1770 NE 191 ST APT 814~~
~~MIAMI FL 33179~~**

7. Name and Address of New Registered Agent

Name **VELAZCO, DIANA ROSA**
 Street Address (P.O. Box Number is Not Acceptable)
811 N.E. 10th St.
 City **HALLANDALE** FL Zip Code **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

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

DIANA ROSA VELAZCO
 (NOTE: Registered Agent signature required when reinstating)

1/12/02
 DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **VELAZCO, DIANA ROSA**
 STREET ADDRESS **~~1770 NE 191 ST APT 814~~**
 CITY-ST-ZIP **~~MIAMI FL 33179~~**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **VELAZCO, DIANA ROSA**
 STREET ADDRESS **811 N.E. 10th St.**
 CITY-ST-ZIP **HALLANDALE, FL 33009**

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

TITLE ☐ Change ☐ Addition
 NAME
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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 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:

DIANA ROSA VELAZCO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02
 Date

(305) 948-6406
 Daytime Phone #

CR2E034 (9/01)