

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 06, 2002 8:00 am**  
**Secretary of State**

06-06-2002 90083 049 \*\*\*158.75

**DOCUMENT # 348890**

1. Entity Name  
**AVATAR DEVELOPMENT CORPORATION**

Principal Place of Business <b>201 ALHAMBRA CIRCLE          12TH FL          CORAL GABLES FL 33134</b>	Mailing Address <b>201 ALHAMBRA CIRCLE          12TH FL          CORAL GABLES FL 33134</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1270989</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KERRIGAN, JUANITA I.  
 201 ALHAMBRA CIRCLE  
 12TH FL  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME <b>V LEVY, MICHAEL</b>	<input type="checkbox"/> Delete	TITLE NAME <b>PD Kelfer, Gerald</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>201 ALHAMBRA CIRCLE 12TH FL</b>		STREET ADDRESS <b>201 Alhambra Circle</b>	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>		CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <b>VTD MCNAIRY, CHARLES</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>201 ALHAMBRA CIRCLE 12TH FL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>		CITY-ST-ZIP	
TITLE NAME <b>VD GETMAN, DENNIS J.</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>201 ALHAMBRA CIRCLE 12TH FL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>		CITY-ST-ZIP	
TITLE NAME <b>S KERRIGAN, JUANITA I.</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>201 ALHAMBRA CIRCLE 12TH FL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Juanita I. Kerrigan Secretary 4/19/02 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)