

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

08-06-2002 90276 007 \*\*\*150.00

120040

DOCUMENT # **D99000042171**

1. Entity Name

**AVJ Ventures Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**13415 SW 111 Terr**

**13415 SW 111 Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33186**

Country

**USA**

Zip

**33186**

Country

**USA**

DO NOT WRITE IN THIS SPACE

**PLEASE CORRECT #**

4. FEI Number

**650918913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Arthur V. Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)

**13415 SW 111 Terr**

City

**MIAMI**

**FL**

Zip Code

**33186**

**DO NOT WRITE  
IN THIS SPACE**

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

**x Arthur V. Rodriguez CEO**

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

(NOTE: Registered Agent signature required when reinstating)

**7/30/02**

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PO RODRIGUEZ, ARTHUR V 13415 SW 111 Terr MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DURAL, PETER B 19762 SW 124 Ave MIAMI, FL 33177</b> <b>PLEASE Delete</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GORGE LUIS PADRON 2910 SW 105 St MIAMI, FL 33165</b> <b>PLEASE Add</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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 on an attachment with an address with all other live empowered.

SIGNATURE: **x**

**Arthur V. Rodriguez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/30/02**

Daytime Phone #

**305-282-7700**

CR2E034B (12/01)

Attachment

July 30, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P99000042171

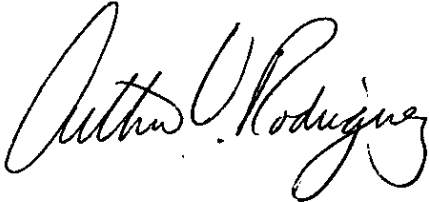
Gentlemen:

123345

In reference to the above mentioned corporation enclosed please find the renewal application due to the fact I never received the renewal report furnished by your office.

I am enclosing 150.00 in order to renew my corporation.

Thank you,



Arthur Rodriguez  
President