

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


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

05-05-2003 92192 029 \*\*\*158.75

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**DOCUMENT # 348890**

1. Entity Name  
**AVATAR DEVELOPMENT CORPORATION**



Principal Place of Business  
**201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES FL 33134**

Mailing Address  
**201 ALHAMBRA CIRCLE  
12TH FL  
CORAL GABLES FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1270989**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	LEVY, MICHAEL	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MCNAIRY, CHARLES	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	KERRIGAN, JUANITA I.	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELFER, GERALD	
STREET ADDRESS	201 ALHAMBRA CIRCLE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Juanita I. Kerrigan* Secretary **4/24/03** (305) 442-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JUANITA I. KERRIGAN** Date Daytime Phone #

CR2E034 (10/02)