

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

**DOCUMENT # 513733**

1. Entity Name

AVS/CAI, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

623 Radar Road

Suite, Apt. #, etc.

City & State

Greensboro, NC

Zip  
27419

Country  
USA

3. Mailing Address

623 Radar Road

Suite, Apt. #, etc.

City & State

Greensboro, NC

Zip  
27410

Country  
USA

4. FEI Number

591710967

Applied For

Not Applicable

5. Certificate of Status

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

**FL**

Zip Code  
33324

**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

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)

**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  
Chairman/CEO  
Roy T. Rimmer, Jr.  
623 Radar Road  
Greensboro, NC 27410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/COO  
Gil West  
623 Radar Road  
Greensboro, NC 27410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP/CFO  
Robert Campbell  
623 Radar Road  
Greensboro, NC 27410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Philip Schwartz  
1 S.E. 3<sup>rd</sup> Avenue, 28<sup>th</sup> Floor  
Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

800005792948

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 like empowered.

SIGNATURE:

Philip Schwartz/Secretary

06/14/2002

305-374-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 625488 4311639

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 558.75

ORDER DATE : June 17, 2002

ORDER TIME : 12:26 PM

ORDER NO. : 625488-015

CUSTOMER NO: 4311639

CUSTOMER: Mr. Marco Cuono  
Akerman Senterfitt & Eidson,  
One Southeast Third Avenue  
28th Floor  
Miami, FL 33131-1714

ANNUAL REPORT FILING

NAME: AVS/CAI, INC.

RECEIVED  
02 JUN 17 PM 12:55  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: \_\_\_\_\_