

**FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 1**

DOCUMENT # **F00000006442**

1. Entity Name  
**AVSTAR COMPLETION CENTER INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5535 NW 15TH AVENUE**

Suite, Apt. #, etc.

**HANGAR 68**

City & State

**FORT LAUDERDALE, FLORIDA**

Zip

**33304**

Country

**U.S.A.**

3. Mailing Address  
**2085 HURONTARIO STREET**

Suite, Apt. #, etc.

**#200**

City & State

**MISSISSAUGA, ONTARIO**

Zip

**L5A 4G1**

Country

**CANADA**

4. FEI Number  
**65-0917816**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name **SHARLENE BRENKUS**

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

**800 W. Cypress Creek Road**

**Suite 260**

City

**Ft. Lauderdale**

FL

Zip Code

**33309**

**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 \$6125  
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 **D**  
NAME **SHARLENE BRENKUS**  
STREET ADDRESS **Ste. 260, 800 W. Cypress Creek Rd.**  
CITY - ST - ZIP **Ft. Lauderdale, Florida 33309**

TITLE **P**  
NAME **RAYMOND F. VANASSE**  
STREET ADDRESS **2085 HURONTARIO STREET, #200**  
CITY - ST - ZIP **MISSISSAUGA, ONTARIO, CANADA, L5A4G1**

TITLE **ST**  
NAME **LARRY CAROE**  
STREET ADDRESS **2085 HURONTARIO STREET, #200**  
CITY - ST - ZIP **MISSISSAUGA, ONTARIO, CANADA, L5A4G1**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1050.00 - ADM**  
**61.25 - AR**  
**88.75 - ACURP**  
**300005765308--3**  
**-06/13/02--01034--016**  
**\*\*\*1200.00 \*\*\*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

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.