

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90407 001 ***900.00

DOCUMENT # F00000006442

1. Entity Name
AVSTAR COMPLETION CENTER INC.



Principal Place of Business
5535 NW 15TH AVENUE
HANGAR 68
FT. LAUDERDALE FL 33304

Mailing Address
2085 HURONTARIO ST.
SUITE 200
MISSISSAUGA ONTARIO. L5A 4G1
CA

2. Principal Place of Business
5525 NW 15th Avenue

3. Mailing Address
2085 HURONTARIO ST., STE 200

Suite, Apt. #, etc.
1st Floor

Suite, Apt. #, etc.
SUITE 200

City & State
Fort Lauderdale, Florida

City & State
MISSISSAUGA, ONTARIO

4. FEI Number
65-0917816

Applied For
Not Applicable

Zip
33309

Country
U.S.A.

Zip
L5A 4G1

Country
CANADA

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

6. Name and Address of Current Registered Agent

BRENKUS, SHARLENE
800 W CYPRESS CREEK ROAD
SUITE 260
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
BARRY ELLIS
Street Address (P.O. Box Number is Not Acceptable)
5525 NW 15TH AVENUE, SUITE 150
FORT LAUDERDALE EXECUTIVE AIRPORT
City
FORT LAUDERDALE **FL** **Zip Code**
33309

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **BRENKUS, SHARLENE**
STREET ADDRESS **800 W CYPRESS CREEK RD, SUITE 260**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **P** ☐ **Delete**
NAME **VANASSE, RAYMOND F**
STREET ADDRESS **2085 HURONTARIO ST., STE. 200**
CITY-ST-ZIP **MISSISSAUGA, ONTARIO CA L5A4G1**

TITLE **ST** ☐ **Delete**
NAME **CAROE, LARRY**
STREET ADDRESS **2085 HURONTARIO ST., STE 200**
CITY-ST-ZIP **MISSISSAUGA, ONTARIO L5A 4G1**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caroe Sec. Feb 19/03

(905) 803-3898

Date

Daytime Phone #

CR2E034 (10/02)