

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-04-2001 90097 047 ***150.00

DOCUMENT # F50732

1. Entity Name
AVART, INC.

Principal Place of Business
1700 SW 57 AVE
SUITE 209
MIAMI FL 33155
US

Mailing Address
1700 SW 57 AVE
S-209
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2128093**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILLER, ARTHUR J., P.E.~~
~~3811 SW 58TH COURT~~
~~MIAMI FL~~

Hernandez, Albert P.E.
 2521 San Domingo St.
 Coral Gables, FL 33134

Name **ALBERT A. HERNANDEZ, P.E.**

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

2521 SAN DOMINGO STREET

City **CORAL GABLES**

FL

Zip Code **33134**

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

5/23/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	DSVP	☒ Delete
NAME	MILLER, ARTHUR J PE	
STREET ADDRESS	7825 SW 93RD PL	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DVP	☒ Delete
NAME	HANS, DIERKS	
STREET ADDRESS	94 BARRETT HILL ROAD	
CITY-ST-ZIP	MAHOPAC NY 10541	
TITLE	V	☐ Delete
NAME	LARRUA, HERMINIA M PE	
STREET ADDRESS	10850 S.W. 67TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	CEO	☐ Delete
NAME	LEHMAN, LAWRENCE H. P	
STREET ADDRESS	2911 NE 48TH ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33084	
TITLE	DV	☐ Delete
NAME	SCHMITZ, WILLIAM J. P	
STREET ADDRESS	12 THE KNOLL	
CITY-ST-ZIP	PLEASANTVILLE NY 10570	
TITLE	DVS	☐ Delete
NAME	STARCKEY, GEORGE P	
STREET ADDRESS	2333 5TH AVE	
CITY-ST-ZIP	NEW YORK NY 10037	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Executive VP	☐ Change ☒ Addition
NAME	Hernandez, Albert P.E.	
STREET ADDRESS	2521 San Domingo St.	
CITY-ST-ZIP	Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE	VP	☐ Change ☐ Addition
NAME	Salinas, Juan R.A.	
STREET ADDRESS	1036 SW 68th Ct	
CITY-ST-ZIP	Miami, FL 33144	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)