FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name-

AVART, INC.



FILED Jun 25, 2004 8:00 am Secretary of State 06-25-2004 90001 010 ***558.75

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	O NOT WRIT	E IN THIS	SPACE		54058791	
2. Principal Place of Business		3. Mailing Address			0.10.10.13.1	
1150 NW 72nd. Avenue		1150 NW 72nd. Avenue		BO NOT WRITE IN T	WA ADA OF	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Suite 350		Suite 350		4. FEI Number	Applied For	
City & State Miami, FL		City & State		59-2128093	Not Applicable	
Zip 33126	Country	Zip 33126	Country US	5. Certificate of Status Desired ☑	\$8.75 Additional Fee Required	
33120		33120	W. (2.2) (2.3)	7. Name and Address of Current Registr		
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	DO NOT V	WBITE	AND THE PARTY OF T			
	Committee of the Commit	and the Control of th	Street Address	(P.O. Box Number is Not Acceptable)		
	IN THIS S	PACE				
MODELLE SELLEN						
			City	F	Zip Code	
• The character	named ontity submits this statemen	t for the aurage of changi	ng ite registered office or registe	ered agent, or both, in the State of Florida. La		
	ons of registered agent.	it for the purpose of changi	ng its registered office of registe	ered agent, or both, in the state of Florida. Fa	in familiar with, and accept	
g						
SIGNATURE _						
	Signature, typed or printed name of registered ag		(NOTE: Registered Agent signature require	ed when reinstating) DA	E	
	uary 1 - May 1 Fee is \$150.00			9. Election Campaign Financing	¢ E 00 −	
	viter May 1, Fee is \$550.00 Amended UBR is \$61.25			Trust Fund Contribution.	——— \$5:00 -May⋅Be — Added to Fees	
	Payable to Florida Department	of State		The state of the s	-	
10.	OFFICERS A	ND DIRECTORS				
TITLE	EVP		TITLE			
NAME	Hernandez, Albert P.E.		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	Coral Gables FL 33134		CITY-ST-ZIP			
TITLE	V	<u> </u>	TITLE	The state of the s		
NAME	Larrua, Herminia	M. P.E.	NAME	The state of the s	and the second s	
STREET ADDRESS	, ·		STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	· 中國中人不可以中國中國中國中國		
TITLE	DCEO		TITLE		y a y da a y a da da ga da ga da a ya da a ya da	
NAME	Lehman, Lawrence	H. P.E.	NAME	A CONTRACTOR OF THE STATE OF TH	10 mg	
STREET ADDRESS	•		STREET ADDRESS	BONGEN	مر سود و	
CITY-ST-ZIP	2911 NE 48th, St Lighthouse Point,	FL 33064	City-ST-ZIP	DO NOT WE	KILE	
TITLE	=DV=		TITLE STATE OF THE	nerv. ACMARAMETER	the state of the s	
NAME	Schmitz, William	J. P.E.	NAME	IN THIS SPA	AUE .	
STREET ADDRESS	12 The Knoll			STREET ADDRESS		
CITY-ST-ZIP	Pleasantville, NY	105 7 0	CITY-ST-ZIP			
TITLE	DVS		TITLE			
NAME		Dг	NAME	The same of the sa		
STREET ADDRESS	Starckey, George,		STREET ADDRESS		THE PARTY AND AND A STATE OF	
CITY-ST-ZIP	2333 5th. Avenue		CITY-ST-ZIP		Marie and the second of the se	
	New York, NY 10	037	- 	 		
TITLE			TITLE	and the second of the second o		
NAME			NAME		it de la facilità de la companie de La companie de la co	
STREET ADDRESS			STREET ADDRESS	The state of the s	Mr. Marie Seal	
CITY-ST-ZIP			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 on an attachment with an address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR