

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

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90001 010 ***558.75

DOCUMENT # F50732

1. Entity Name

AVART, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1150 NW 72nd. Avenue		3. Mailing Address 1150 NW 72nd. Avenue	
Suite, Apt. #, etc. Suite 350		Suite, Apt. #, etc. Suite 350	
City & State Miami, FL		City & State Miami, FL	
Zip 33126	Country US	Zip 33126	Country US

4. FEI Number 59-2128093

Applied For: ☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name _____

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

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 - May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Hernandez, Albert P.E. 2521 San Dimingo St. Coral Gables FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Larrua, Herminia M. P.E. 10850 S.W. 87th. Ave. Miami, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Lehman, Lawrence H. P.E. 2911 NE 48th. St. Lighthouse Point, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Schmitz, William J. P.E. 12 The Knoll Pleasantville, NY 10570	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Starckey, George, P.E. 2333 5th. Avenue New York, NY 10037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/04 944-627-5802
Date Daytime Phone #

CR2E034B (12/02)