

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91748 002 ***150.00

DOCUMENT #

1. Entity Name

F86279

AVI, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

479 HOLIDAY DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

4. FEI Number

59-2375339

Applied For

Not Applicable

33009

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

YOAV DROR

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

479 HOLIDAY DRIVE

City

HALLANDALE

FL

Zip Code

33009

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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 date if applicable.

(NOTE: Registered Agent Signature required when relocating)

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 \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**P/D
YOAV DROR
479 HOLIDAY DR
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T/D
ROSA DROR
479 HOLIDAY DR
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)