## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

RICHARI

SIGNATURE:

## May 29, 2002 8:00 am Secretary of State DOCUMENT # G83385 1. Entity Name 05-12-2002 90557 021 \*\*\*150.00 AUTO VOLANTE, INC. Principal Place of Business Mailing Address 4422 SW 74TH AVENUE 4422 SW 74TH AVENUE MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2402972 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent MARCUS, HERBERT-J., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 4601 PONCE DE LEON BLVD SUITE 21 CORAL GABLES FL 33146 City Zio Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (9/01 ☐ Change Addition SIRGANY, RICHARD NAME 4422 SW 74TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-718 CITY-ST-ZIP TITLE ☐ AdditIon □ Delete TITLE ☐ Change SIRGANY, STEVEN NAME NAME 4422 SW 74TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAM) FL CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition SIRGANY, RICHARD JOESEPH NAME NAME STREET ADDRESS 4422 SW 74TH AVENUE STREET ADDRESS CITY - ST - ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ■ Addition SIRGANY, YVONNE NAME NAME STREET ADDRESS 4422 SW 74TH AVENUE STREET ADORESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME SIRGANY, ROSALEE NAME STREET ADORESS 4422 SW 74TH AVENUE STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1207(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.

RESID EN

**FILED**