

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90004 034 \*\*\*150.00

**DOCUMENT # H76270**

1. Entity Name

**AVID FLOOR MAINTENANCE, INC.**

Principal Place of Business

**321 NORTHLAKE BLVD., SUITE 216  
NORTH PALM BEACH FL 33408**

Mailing Address

**321 NORTHLAKE BLVD., SUITE 216  
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2582891**

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

**SOLOMON, DAVID  
321 NORTHLAKE BLVD., SUITE 216  
NORTH PALM BEACH FL 33408-2410**

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.

SIGNATURE

*Anita Solomon*  
Signature, typed or printed name of registered agent and title if applicable.

*Vice President*  
(NOTE: Registered Agent signature required when reinstating)

*7-6-00*  
DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLOMON, DAVID	
STREET ADDRESS	124 SHORE CT APT. 109	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOLOMON, ANITA	
STREET ADDRESS	124 SHORE CT APT. 109	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, DAVID	
STREET ADDRESS	14530 CYPRESS ISLAND CIR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, ANITA	
STREET ADDRESS	14530 CYPRESS ISLAND CIR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Anita Solomon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7-6-00*

*7-6-00*