

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

FILED

02 OCT 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J66655

1. Entity Name

AVIOR TECHNOLOGIES, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Officer
MICHAEL NEARING
Kluger, Peretz, Kaplan & Berlin, P.A.

3. Mailing Address
Kluger, Peretz, Kaplan & Berlin, P.A.

Suite, Apt. #, etc.
201 S. Biscayne Blvd., Suite 1700

Suite, Apt. #, etc.
201 S. Biscayne Blvd., Suite 1700

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
592788996

Applied For
☒ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Miami Center Registered Agents, LLC

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

201 S. Biscayne Boulevard, Suite 1700

City
Miami

FL Zip Code
33131

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
DPST, Michael G. Nearing
c/o Kluger, Peretz, Kaplan & Berlin, P.A.
Suite 1700, Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-02 305-379-9000

Date

Daytime Phone #

CR2E034B (12/01)

js 10/24/02