

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J69121

1. Entity Name

AVBORNE ACCESSORY GROUP, INC.

FILED

00 FEB 16 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7500 NW 26 STREET MIAMI FL 33122 US	Mailing Address C/O LEGAL DEPT. 2665 S. BAYSHORE DRIVE, 8TH FL MIAMI FL 33133-5448
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2806937	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KLEIN, PETER W
C/O TRIVEST, INC.
2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name Maria C. Calkas
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 Maria C Calkas DATE 1/6/00
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARKINSON, EDWIN W	
STREET ADDRESS	7500 N.W. 26TH ST.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DTAS	<input checked="" type="checkbox"/> Delete
NAME	DUNN, RICHARD L	
STREET ADDRESS	7500 N.W. 26TH ST.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MONTALVO, J RAFAEL III	
STREET ADDRESS	7500 N.W. 26TH ST.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	MONTALVO, EDUARDO	
STREET ADDRESS	7500 N.W. 26TH ST.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MCDOWELL, DEREK A	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KLEIN, PETER W	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, 8TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn D. Kuffner	
STREET ADDRESS	2665 S. Bayshore Dr., 8th FL	
CITY-ST-ZIP	Miami FL	
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 checked="" 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: M. Kuffner DATE: 1-17-00 DAYTIME PHONE: 305/858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)