2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44388

1. Entity Name

AVMAN, INC.

Principal Place of Business	Mailing Address
1600 NW LE JEUNE RD SUITE 200 FL 33126	1600 NW LE JEUNE RD SUITE 200 MIAMI FL 33126-1478 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1600 NW 42 AVE
Suite, Apt. #, etc.: 301
City & State: MIAMI, FL
Zip: 33126 Country: USA

3. Mailing Address: 1600 NW 42 AVE
Suite, Apt. #, etc.: 301
City & State: MIAMI, FL
Zip: 33126 Country: USA

4. FEI Number **65-0090919** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ARIAS-SCHREIBER, CLAUDIA
1600 NW LE JEUNE RD
STE. 200
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 1600 NW 42 AVE, #301

City: MIAMI   FL   Zip Code: 33126

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) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: BOOTH, ROBERT C. STREET ADDRESS: 1600 NW LE JEUNE RD CITY-ST-ZIP: MIAMI FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE: D NAME: BOOTH, CLAUDIA STREET ADDRESS: 1600 NW 42 AVE # 200 CITY-ST-ZIP: MIAMI FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE: D NAME: BOOTH, VALERIE STREET ADDRESS: 1600 NW 42ND AVE. CITY-ST-ZIP: MIAMI FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE: V NAME: BOOTH, GUY STREET ADDRESS: 1600 NW 42ND AVE. CITY-ST-ZIP: MIAMI FL 33126	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (9/99)

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: _Guy Booth_   MAR. 31, 2000   305 876 9539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #