

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44388

1. Entity Name  
AVMAN, INC.

Principal Place of Business  
1600 NW 42 AVE  
301  
MIAMI FL 33126  
US

Mailing Address  
1600 NW 42 AVE  
301  
MIAMI FL 33126  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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 42 AVE #301  
MIAMI FL 33126

## 7. Name and Address of New Registered Agent

Name Guy R. Booth  
Street Address (P.O. Box Number is Not Acceptable)  
1600 NW 42 AVENUE  
Suite 301  
City Miami, FL FL 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 Guy R. Booth / [Signature] DATE 4/30/01

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) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, ROBERT C.	
STREET ADDRESS	1600 NW LE JEUNE RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, CLAUDIA	
STREET ADDRESS	1600 NW 42 AVE # 200	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, VALERIE	
STREET ADDRESS	1600 NW 42ND AVE.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOOTH, GUY	
STREET ADDRESS	1600 NW 42ND AVE.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 address, with all other like empowered.

SIGNATURE Guy R. Booth / [Signature] DATE 4/30/01 (305) 876-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90079 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/03)