

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61753

1. Entity Name
AVCHEN ASSOCIATES, INC.

Principal Place of Business
130 ENTERPRISE AVE SE
STE C
PALM BAY FL 32907
US

Mailing Address
P O BOX 100386
CUSTOM HOMES
PALM BAY FL 32910-0386
US

2. Principal Place of Business

130 Enterprise Ave SE

Suite, Apt. #, etc.
Ste C

City & State
Palm Bay FL

Zip
32907

Country
US

3. Mailing Address

P O Box 100386

Suite, Apt. #, etc.

City & State
Palm Bay

Zip
32910-0386

Country
US

6. Name and Address of Current Registered Agent

AVCHEN, DAVID
130 ENTERPRISE AVE SE
STE C
PALM BAY FL 32909

7. Name and Address of New Registered Agent

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

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
AVCHEN, MALVIN
20200 NE 23RD COURT
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
AVCHEN, DAVID
686 NORSE ST NW
PALM BAY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

DAVID AVCHEN

4/25/01

(31) 768-0496

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90190 010 ***150.00

314091



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0097913

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

0484996

CR2E034 (10/00)