

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0007798

DOCUMENT # L00000003859

1. Entity Name

AVET, LLC

03-07-2002 90038 041 *****50.00

Principal Place of Business

**3399 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134**

Mailing Address

**3399 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9553 Harding Ave
 Suite, Apt. #, etc.
 308.**

3. Mailing Address

**PO Box 545867
 Suite, Apt. #, etc.
 Surfside, FL.**

City & State

Surfside, FL.

City & State

Surfside, FL.

4. FEI Number

65-0869567

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BAUMBERGER, HANS
 3399 PONCE DE LEON BLVD., SUITE 202
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Baumberger, Hans**
 Street Address (P.O. Box Number is Not Acceptable)
9553 Harding Ave # 308
 City **Surfside** FL **33154**

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

Hans Baumberger
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/23/2002
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **BAUMBERGER, HANS**
 STREET ADDRESS **3399 PONCE DE LEON BLVD., SUITE 202**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Baumberger, Hans**
 STREET ADDRESS **9553 Harding Ave # 308**
 CITY-ST-ZIP **Surfside, FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/2002 305-867-8970

Date Daytime Phone #

CR2E083 (9/01)