

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005217

1. Entity Name
AVILES MORTGAGE, LLC

FILED

01 APR 23 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
708 S. CHURCH AVE. 708 S. CHURCH AVE.
TAMPA FL 33609 TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number 59-3644193 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W ESQUIRE
106 SOUTH TAMPANIA AVENUE, SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name John M. Aviles
Street Address (P.O. Box Number is Not Acceptable)
708 S. Church Ave.
City Tampa FL Zip Code 33609

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 *John M. Aviles* JOHN M. AVILES, PRESIDENT 04/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004163222--3
-05/08/01--01123--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
President John M. Aviles 708 S. Church Ave. Tampa, FL., 33609	

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: *John M. Aviles* JOHN M. AVILES, 04/18/01 (813) 874-5590

CR2E083 (11/00)