

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90231 005 \*\*\*\*50.00

**DOCUMENT # L00000016007**

1. Entity Name

**AVACOM, LLC**



Principal Place of Business

**7180 N.W. 47TH STREET  
MIAMI FL 33155**

Mailing Address

**7180 N.W. 47TH STREET  
MIAMI FL 33155**

2. Principal Place of Business

**7180 S.W. 47TH STREET**

3. Mailing Address

**7180 S.W. 47TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FL**

Zip

**33155**

Country

Zip

**33155**

Country

4. FEI Number

**65-1071750**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required.**

6. Name and Address of Current Registered Agent

**PRICE, IRA B ESQ  
9100 S DADELAND BLVD., #1701  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

**ANTHONY L. SINATRA**

Street Address (P.O. Box Number is Not Acceptable)

**7180 S.W. 47TH STREET**

City

**MIAMI**

**FL**

Zip Code

**33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Anthony Sinatra*

**Anthony Sinatra**

**1-9-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SINATRA, ANTHONY L  
7180 N.W. 47TH STREET  
MIAMI FL 33155** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7180 S.W. 47TH STREET  
MIAMI, FL 33155** ☒ Change ☐ Addition

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

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

CR2E083 (10/02)

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:

*Anthony Sinatra*

**Anthony Sinatra**

Date

Daytime Phone #