

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90161 008 ****50.00

DOCUMENT # L01000012790

1. Entity Name

AVALON PRIVATE CHARTERS, LLC.

Principal Place of Business

**7049 MARIPOSA CIRCLE WEST
 PEMBROKE PINES FL 33331**

Mailing Address

**7049 MARIPOSA CIRCLE WEST
 PEMBROKE PINES FL 33331**

2. Principal Place of Business

2878 NE 26 St.
 Suite, Apt. #, etc.

3. Mailing Address

2878 NE 26 Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FL Lauderdale, FL

City & State

FL Lauderdale FL

4. FEI Number

65-1128862

Applied For

Not Applicable

Zip

33305

Country

USA

Zip

33305

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LIBERMAN, LEA
 7049 MARIPOSA CIRCLE WEST
 PEMBROKE PINES FL 33331**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **Thomas Mundy** Member ☐ Delete
 STREET ADDRESS **2878 NE 26 Street**
 CITY-ST-ZIP **FL Lauderdale FL 33305**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Delete
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 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
 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]

4/11/02

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

Date

Daytime Phone #

CR2E083 (9/01)