

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90219 005 ***150.00

DOCUMENT # L95031

1. Entity Name
A. V. PROPERTIES, INC.

Principal Place of Business
4280 N OCEAN DR #8P
FT. LAUDERDALE FL 33308-5425

Mailing Address
4280 N OCEAN DR #8P
FT. LAUDERDALE FL 33308-5425

2. Principal Place of Business
4280 Galt Ocean Dr.
 Suite, Apt. #, etc.
8P

3. Mailing Address
P.O. Box 216, Eastwood Station
 Suite, Apt. #, etc.

City & State
FL Lauderdale FL
 Zip
33308-5425
 Country
USA

City & State
Syracuse NY
 Zip
13206-2116
 Country
USA

4. FEI Number **65-0213659**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDNER, R.M.
500 E BROWARD BLVD
SUITE 1600
FT. LAUDERDALE FL 33394

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
FALSO, VINCENZA
4280 GALT OCEAN DRIVE, APT 8P
FT LAUDERDALE FL

☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
FALSO, ADOLPH V.
5100 DUGUID RD
MANLIUS NY

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
ORLANDO, FELIPPA F
408 KIMRY MOOR
FAYETTEVILLE NY

☐ Delete

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

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 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 all other like empowered.

SIGNATURE: *Felippa F. Orlando*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 315-488-1160
 Date Daytime Phone #

CR2E034 (10/00)