

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2002 90062 015 ***150.00

UBR 1501 / AI

DOCUMENT # L95031

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

Principal Place of Business
**4280 GALT OCEAN DRIVE
 #8P
 FT. LAUDERDALE FL 33308-5425**

Mailing Address
**PO BOX 216. EASTWOOD STATION
 SYRACUSE NY 13206-216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

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, 2002 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	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV	FALSO, ADOLPH V. 5100 DUGUID RD MANLIUS NY	<input type="checkbox"/> Delete		4645 Riquebeck Path Manlius NY 13104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DP	ORLANDO, FELIPPA F 408 KIMRY MOOR FAYETTEVILLE NY	<input type="checkbox"/> Delete		13066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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 **Felippa F. Orlando** 3/15/02 315-488-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)