

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000835

1. Entity Name
AVSTEP, L.C.

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1550 S. DIXIE HIGHWAY
SUITE 213
CORAL GABLES FL

Mailing Address

1550 S. DIXIE HIGHWAY
SUITE 213
CORAL GABLES FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0685076

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEPPER, ALLAN
1550 S. DIXIE HIGHWAY
SUITE 213
CORAL GABLES FL 33146

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
TEPPER, ALLAN
1550 S. DIXIE HIGHWAY SUITE 213
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004133820-01085-010
-05/03/01-01085-010
*****50.00 *****50.00 ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
PERELMAN, ALEJANDRO
1550 S. DIXIE HIGHWAY SUITE 213
CORAL GABLES FL 33146 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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:

ALLAN TEPPER
Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative

Date

Daytime Phone #

4/19/01 305-6688838

0008647 AF

CR2E083 (11/00)