

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013721 AF

DOCUMENT # M00000002400

1. Entity Name  
A'VARE CONSULTANTS, LLC

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
396 H. GOLFVIEW ROAD  
NORTH PALM BEACH FL 33408

Mailing Address  
396 H. GOLFVIEW ROAD  
NORTH PALM BEACH FL 33408



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-3556263

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

ALWASE, LORRAINE  
396 H. GOLFVIEW ROAD  
NORTH PALM BEACH FL 33408

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

900004219929--0  
-05/16/01--01061--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME ALWASE, LORRAINE  
STREET ADDRESS 1220 US ONE NORTH PALM BEACH, SUITE 7  
CITY-ST-ZIP PALM BEACH FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE address  
NAME  
STREET ADDRESS 337 E. INDIAN TOWN RD. / #6  
CITY-ST-ZIP JUPITER FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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: X

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/25/01 561-741-4010

CR2E083 (11/00)