

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013721 AF

DOCUMENT # **M00000002400**

FILED

01 APR 30 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**A'VARE CONSULTANTS, LLC**

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

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



DO NOT WRITE IN THIS SPACE

**RJH**

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

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

Name

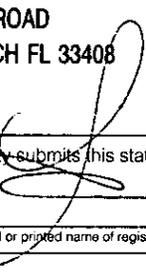
Street Address (P.O. Box Number is Not Acceptable)

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 **4/25/01**

**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

10. ADDITIONS/CHANGES

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

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

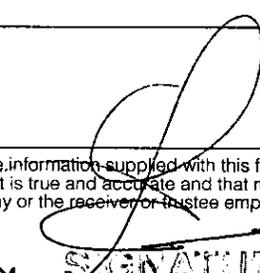
TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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:  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)