

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**

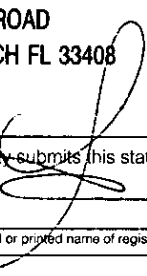
6. Name and Address of Current Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALWaise, LORRAINE 1220 US ONE NORTH PALM BEACH, SUITE 7 PALM BEACH FL 33408 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>address</i> 337 E. INDIAN TOWN RD. #6 JUPITER FL 33477 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  SIGNATURE REQUIRED

4/25/01 561-741-4010

CR2E083 (11/00)