

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M10618

1. Entity Name
AVOCADO TRAILER PARK, INC.Principal Place of Business
1170 N.W. 79 ST.
MIAMI FL 33150Mailing Address
2634 JOHNSON ST.
HOLLYWOOD FL 330202. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.4. FEI Number
59-2577242

Applied For

Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGELMAN, ROBERT I.
19 WEST FLAGLER ST.
#518
MIAMI FLName *Mitchell Cole*

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

*2634 Johnson Street*City *Hollywood* FL *33020* 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 *Robert Cole*

4/6/02

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
NAME **DP COLE, MITCHELL**
STREET ADDRESS **2834 JOHNSON ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Robert Cole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02

884 925 2710

Date

Daytime Phone #

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90048 019 ***150.00



CR2E034 (9/01)