

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80076

1. Entity Name

AVINO CONSTRUCTION INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90097 044 ***158.75

Principal Place of Business

2355 SALZEDO ST
SUITE 204
CORAL GABLES FL 33134

Mailing Address

2355 SALZEDO ST
SUITE 204
CORAL GABLES FL 33134-5035

2. Principal Place of Business

2916 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE B

3. Mailing Address

2916 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE B

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0053757

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVINO, JORGE R
2355 SALZEDO ST
SUITE 204
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

2916 PONCE DE LEON BOULEVARD
SUITE B

City

CORAL GABLES

FL

Zip Code

33134

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PST
AVINO, JORGE R.
2355 SALZEDO ST SUITE 204
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2916 PONCE DE LEON BLVD. SUITE B
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JORGE R. AVINO 3/31/00 305-444-7445

CR2E034 (9/99)