

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90025 041 ***150.00

DOCUMENT # P00000000290

1. Entity Name
AVK HOLDINGS SHERIDAN, INC.

Principal Place of Business
220 ALHAMBRA CIRCLE
SUITE 810
CORAL GABLES FL 33134

Mailing Address
220 ALHAMBRA CIRCLE
SUITE 810
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

5701 MIAMI LAKES DR E **5701 MIAMI LAKES DR E**

Suite, Apt. #, etc.
c/o DIC

Suite, Apt. #, etc.
c/o DIC

City & State
HALEAH, FLORIDA

City & State
HALEAH, FLORIDA

Zip
33014

Country
DADE

Zip
33014

Country
DADE

4. FEI Number 65-1013815

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

7. Name and Address of New Registered Agent

LEHRMAN, JEFFREY E ESQ.
220 ALHAMBRA CIRCLE
SUITE 810
CORAL GABLES FL 33134

Name **Alexander Eckes-Chantré**
 Street Address (P.O. Box Number is Not Acceptable)
5701 MIAMI LAKES DRIVE East
c/o DIC
 City **Hialeah** **FL** Zip Code **33014**

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]* **President**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **LEHRMAN, JEFFREY E**
STREET ADDRESS **220 ALHAMBRA CIRCLE SUITE 810**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **P.S.T** ☒ Change ☐ Addition
NAME **Eckes-Chantré, Alexander**
STREET ADDRESS **5701 Miami Lakes Drive East**
CITY-ST-ZIP **HALEAH, FL 33014**

TITLE **P** ☒ Delete
NAME **KHAYAT, ALEXANDER**
STREET ADDRESS **5701 MIAMI LAKES DR**
CITY-ST-ZIP **HALEAH FL 33014**

TITLE **D** ☐ Change ☒ Addition
NAME **Eckes-Chantré, Tanya**
STREET ADDRESS **5701 Miami Lakes Drive East**
CITY-ST-ZIP **HALEAH, FL 33014**

TITLE **P** ☒ Delete
NAME **Eckes-Chantré, Alexander**
STREET ADDRESS **5701 Miami Lakes Dr E**
CITY-ST-ZIP **HALEAH, FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/2002

Date

Daytime Phone #

CR2E034 (9/01)