

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90135 027 ***150.00

DOCUMENT # P00000006467

1. Entity Name
AVENTURA DESIGN GROUP, INC.



Principal Place of Business
18839 BISCAYNE BLVD.
AVENTURA FL 33180

Mailing Address
18839 BISCAYNE BLVD.
AVENTURA FL 33180



2. Principal Place of Business
3350 Griffin Rd
Suite, Apt. #, etc.

3. Mailing Address
3350 Griffin Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
 Ft. Lauderdale Fla
Zip 33312 **Country** USA

City & State
 Ft. Lauderdale, FL
Zip 33312 **Country** USA

4. FEI Number 65-0974995
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, ALAN D
18480 NE 30 PLACE
AVENTURA FL 33160

Name Same
Street Address (P.O. Box Number is Not Acceptable)
3350 Griffin Rd
City Ft. Lauderdale **FL** **Zip Code** 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D COHEN, ALAN 3255 N.E. 184TH STREET AVENTURA FL 33180 CITY-ST-ZIP	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 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

03/05/03 914-966-6691
Date Daytime Phone #

CR2E034 (10/02)