

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90087 007 \*\*\*150.00

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**DOCUMENT # P00000034834**

1. Entity Name  
**AVALOS ENTERPRISES, INC.**

Principal Place of Business  
**602 6TH AVE. NORTH**  
**LAKE WORTH FL 33460**

Mailing Address  
**602 6TH AVE. NORTH**  
**LAKE WORTH FL 33460**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4120 MAINE ST**  
 Suite, Apt. #, etc.  
**APT 1**

3. Mailing Address  
**4120 MAINE ST**  
 Suite, Apt. #, etc.  
**APT 1**

City & State  
**LAKE WORTH FL 9**

City & State  
**LAKE WORTH FL 9**

4. FEI Number **65-1003733**  
 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

**AVALOS, JESUS J**  
**602 6TH AVE. NORTH**  
**LAKE WORTH FL 33460**

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

SIGNATURE \_\_\_\_\_ 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO AVALOS, JESSE J 602 SIX AVE NORTH LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

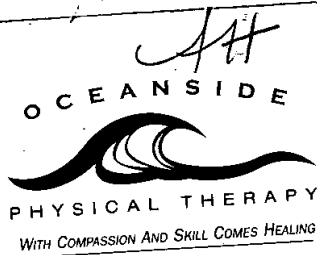
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **9-11-02 541 358 8421**  
DATE DAYTIME PHONE #

CR2E034 (4/02)

Attachment  
980473  
P00 00003485X



Sept. 11, 2002

Civiles Enterprises, Inc  
FEI # 65-1003733

To whom it may concern;

The first 2002 U.B.R. report  
was not received which is

due to a change of address

A second change of address  
has been filed with the U.S.  
Postal Service to correct this  
ongoing problem.

Enclosed is the \$150. filing  
fee, a completed report &  
new address.

Sincerely,  
Jenny A.  
311 East Indiantown Road, Suite C4  
Fisherman's Wharf  
Jupiter, FL 33477  
Telephone: 561.575.4770  
Fax: 561.575.4522

11621 Kew Gardens Avenue, Suite 103  
The Professional Centre at The Gardens  
Palm Beach Gardens, FL 33410  
Telephone: 561.626.0991  
Fax: 561.626.5181