

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90042 031 ***550.00

DOCUMENT # P00000076594

1. Entity Name

AV TECHNICAL SOLUTIONS, INC.

Principal Place of Business

**180 WEST 31ST STREET
HIALEAH FL 33012**

Mailing Address

**180 WEST 31ST STREET
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

P.O. Box 126655

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FLA

4. FEI Number

65-1032235

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

USA

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

Name

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

City

FL

Zip Code

**RODRIGUEZ, EDUARDO
180 WEST 31ST STREET
HIALEAH FL 33012**

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 \$550.00
After September 22, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RODRIGUEZ, EDUARDO**
STREET ADDRESS **180 WEST 31ST STREET**
CITY-ST-ZIP **HIALEAH FL 33012**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

EDUARDO RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/01

Date

305-884-2522

Daytime Phone #

CR2E034 (5/01)