

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90053 006 ***150.00

DOCUMENT # P00000097331

1. Entity Name
AVENTURA GOLD, INC.

Principal Place of Business
**18919 NE 5TH AVENUE
 NORTH MIAMI BEACH FL 33179**

Mailing Address
**18919 NE 5TH AVENUE
 NORTH MIAMI BEACH FL 33179**

359396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10275 Collins Ave.

3. Mailing Address

P.O. Box 630511

Suite, Apt. #, etc.

#1218

Suite, Apt. #, etc.

City & State

Bal Harbour, FL

City & State

Miami, FL

Zip

33154

Country

USA

Zip

33163

Country

USA

4. FEI Number

**65-1053683
 80-0027889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CAPOTA, MONICA
 18919 NE 5TH AVENUE
 NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

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.

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, 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

TITLE **DIR** ☐ Delete
 NAME **CAPOTA, MONICA**
 STREET ADDRESS **18919 NE 5TH AVENUE**
 CITY-ST-ZIP **NORTH MIAMI FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
 NAME **Monica Capota**
 STREET ADDRESS **10275 Collins Ave. #1218**
 CITY-ST-ZIP **Bal Harbour, FL 33154**

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

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

TITLE ☐ Change ☐ Addition
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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)(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

Date

Daytime Phone #

04-23-02 (305) 493-7567

CR2E034 (9/01)