

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101569

1. Entity Name

ADVANCED AUDIO VISUAL SYSTEMS, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90821 048 ***150.00

Principal Place of Business

1230 STARDUST DRIVE
NORTH LAUDERDALE FL 33068

Mailing Address

1230 STARDUST DRIVE
NORTH LAUDERDALE FL 33068

00047747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4846 N. University Dr
Suite, Apt. #, etc.
362

3. Mailing Address

4846 N. University Dr
Suite, Apt. #, etc.
362

City & State
Lauder Hill Florida

Zip
33351

Country
USA

City & State
Lauder Hill Florida

Zip
33351

Country
USA

4. FEI Number

65-1053224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Sandene O. Drummond
Street Address (P.O. Box Number is Not Acceptable)

7119 Sportman Dr

City North Lauderdale FL

Zip Code 33068

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DRUMMOND, SANDENE O
STREET ADDRESS 1230 STARDUST DRIVE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☒ Delete

TITLE PSTD
NAME Drummond Sandene O
STREET ADDRESS 7119 Sportman Dr.
CITY-ST-ZIP North Lauderdale FL 33068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)