

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000105457**1. Entity Name
SECOND AVENUE MANAGEMENT INC.

Principal Place of Business 371 MALLARD ROAD WESTON FL 33327	Mailing Address 371 MALLARD ROAD WESTON FL 33327
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
65-1053485
Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CORPORATE CREATIONS NETWORK INC.**
941 FOURTH STREET #200**MIAMI BEACH FL 33139 US****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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	☐ Delete
NAME	TODORA JOHN	
STREET ADDRESS	371 MALLARD ROAD	
CITY-ST-ZIP	WESTON FL 33327	

TITLE	D	☐ Delete
NAME	HARLEY ROBERT JR	
STREET ADDRESS	371 MALLARD ROAD	
CITY-ST-ZIP	WESTON FL 33327	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS 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: Robert Hartley Jr

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)