

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91148 044 ***158.75

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☒ CHECK HERE IF MAKING CHANGES

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		
2. Principal Place of Business 5110 NE 28 AVE Suite, Apt. #, etc.			3. Mailing Address 5110 NE 28 AVE Suite, Apt. #, etc.		
City & State LIGHTHOUSE POINT, FL Zip 33064		City & State LIGHTHOUSE POINT, FL Zip 33064		4. FEI Number 65-1053485	
Country USA		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139				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. 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 substituting))					
FILING FEE IS \$150.00 APRIL MAY 1, 2003 FEE WILL BE \$200.00 Make Check payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLEY, ROBERT JR 371 MALLARD ROAD WESTON, FL 33327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLEY, ROBERT JR 5110 NE 28 AVE LIGHTHOUSE POINT, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODORA, JOHN 371 MALLARD ROAD WESTON, FL 33327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4/29/03 (305) 299-8668		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CFR0304 (10/02)