

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90352 044 ***150.00

DOCUMENT # P01000023140

1. Entity Name

AVENTURA REALTY INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19070 TURNBERRY WAY
Suite, Apt. #, etc.
200

City & State

AVENTURA FL

Zip

33180

Country

3. Mailing Address

P.O. BOX 802201

Suite, Apt. #, etc.

City & State

AVENTURA FL

Zip

33280

Country

4. FEI Number

65-1089891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent -

Name

DAVID ETZION

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

19070 TURNBERRY WAY # 200

City

AVENTURA

FL

Zip Code

33180

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.

DAVID ETZION

3/18/02

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>DAVID ETZION</u> <u>P.O. Box 802201</u> <u>AVENTURA FL 33280</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID ETZION

3/18/02

Date

Daytime Phone #

CR2E034B (12/01)