

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90052 022 ***150.00

DOCUMENT # P01000046003

1. Entity Name
D'AVI GROUP, INC.

Principal Place of Business

Mailing Address

~~1040 INVERNESS AVE~~
MELBOURNE FL 32940-1913

~~1040 INVERNESS AVE~~
MELBOURNE FL 32940-1913

2. Principal Place of Business

3. Mailing Address

3810 MURRELL RD.
 Suite, Apt. #, etc.

3810 MURRELL RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State ROCKLEDGE, FL		City & State ROCKLEDGE, FL		4. FEI Number 59-3726235	Applied For <input type="checkbox"/> Not Applicable
Zip 32955	Country BREVARD	Zip 32955	Country BREVARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
D'AVI, EDWARD S		Name	
1040 INVERNESS AVE		Street Address (P.O. Box Number is Not Acceptable) 3810 MURRELL ROAD	
MELBOURNE FL 32940-1913		City ROCKLEDGE, FL	
		Zip Code 32955	

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 **4 Mar 02**
 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D'AVI, FRANCES A		NAME	
STREET ADDRESS 1040 INVERNESS AVE		STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32940-1913		CITY-ST-ZIP	
TITLE VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D'AVI, EDWARD S		NAME	
STREET ADDRESS 1040 INVERNESS AVE		STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL 32940-1913		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 affidavit, with all other like employees.

SIGNATURE: **4 Mar 02 / 321.427.1740**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

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CR2E034 (9/01)