FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am Secretary of State P01000056853 **DOCUMENT #** 1. Entity Name 05-03-2002 90016 007 ***150.00 AVALI, INC. Mailing Address Principal Place of Business 27 W 34 STREET 27 W 34 STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 Mailing Address 2. Principal Place of Business 3825 INVESTIMENT LANG 3825 INVESTMENT LANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State RIVIERA BEACH 65-1112296 Not Applicable RIVIERA BEACH \$8.75 Additional Country 5. Certificate of Status Desired Fee Required $u \leq A$ USA 33 404 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALLIANATOS EVANGELOS MONIOUDIS, PERRY D Street Address (P.O. Box Number is Not Acceptable) 315 SE 7 STREET 2FL FT LAUDERDALE FL 33301 City RIVIERA BEACH 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 EVANGELOS VALLIANATOS (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE VALLIANATOS, EVANGELOS NAME NAME STREET ADDRESS **27 W 34 STREET** STREET ADDRESS **RIVIERA BEACH FL 33404** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NÂME 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 address, with all other like eppowered.

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