

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90130 019 \*\*\*150.00

**DOCUMENT # P01000057116**

1. Entity Name  
**AVIRAM FAMILY CORPORATION**



Principal Place of Business  
**25-2ND STREET NORTH SUITE 430  
ST PETERSBURG FL 33701**

Mailing Address  
**1 PROGRESS PLAZA #450  
ST. PETERSBURG FL 33701**



2. Principal Place of Business  
**One Progress Plaza**

3. Mailing Address

Suite, Apt. #, etc.  
**#450**

Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG FLA**

City & State

Zip  
**33701**

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3724704**  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AVIRAM, JIMMY  
25-2ND STREET NORTH SUITE 430  
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name  
**Jimmy Aviram**  
Street Address (P.O. Box Number is Not Acceptable)  
**One Progress Plaza**  
**SUITE #450**  
City  
**ST PETERSBURG** FL Zip Code  
**33701**

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 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/10/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST AVIRAM, JIMMY 25 SECOND STREET N 430 SAINT PETERSBURG FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jimmy Aviram</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>One Progress Plaza #450</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST. PETERSBURG FLA 33701</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/03 727 8034337**  
Date Daytime Phone #