

Amended

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

04-07-2003 90136 023 \*\*\*\*26.25  
P01000057525

03 APR 15 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

90073228

DOCUMENT # P01000057525

1. Entity Name

Avicla Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3221 Glades Rd

3. Mailing Address

3221 Glades Rd

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33434

Country

USA

Zip

33434

Country

USA

DO NOT WRITE IN THIS SPACE

03-17-03 01058 002

\$35.00

4. FEI Number

65-1125528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Claudia Medina

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

3221 Glades Rd

202

City

Boca Raton

**FL**

Zip Code

33434

**DO NOT WRITE  
IN THIS SPACE**

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

Claudia Medina Claudia Medina

Avi Medina

3/31/03

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

(NOTE: Registered Agent signature required when resigning)

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  
Pres. Claudia Medina  
3221 Glades Rd Suite 202  
Boca Raton, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice Pres. Avi Medina  
3221 Glades Rd Suite 202  
Boca Raton, FL 33434

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(l), 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 empowered.

SIGNATURE: Claudia Medina Claudia Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561482-9229

Daytime Phone #

CR2034B (12/01)