

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90184 002 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000087794

1. Entity Name
AVILA INTERNATIONAL SERVICES, INC.

Principal Place of Business Mailing Address
4410 WEST 16TH AVENUE SUITE 5 NO.329 **4410 WEST 16TH AVENUE SUITE 5 NO.329**
HIALEAH FL 33016 **HIALEAH FL 33016**

2. Principal Place of Business 3. Mailing Address
2810 Weston Road **15841 Pines Boulevard**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
- **Suite #307**

City & State City & State
Weston, FLORIDA **Rembroke Pines, Florida**

Zip Country Zip Country
33331 **Broward** **33027** **Broward**

4. FEI Number Applied For
651136158 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, JUAN G ESQ
10 NW LE JEUNE ROAD SUITE 610
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	D <input checked="" type="checkbox"/> Delete
NAME	MEDINA, PEDRO EDGAR E
STREET ADDRESS	4410 WEST 16TH AVENUE SUITE 5 NO.329
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	DP <input checked="" type="checkbox"/> Delete
NAME	OUTEIRAL, JOSE ANTONIO A
STREET ADDRESS	4410 WEST 16TH AVENUE SUITE 5 NO.329
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	DS <input type="checkbox"/> Delete
NAME	DI LORETO DRACOPULOS, CLAUDIO C
STREET ADDRESS	4410 WEST 16TH AVENUE SUITE 5 NO.329
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	DT <input type="checkbox"/> Delete
NAME	FRISONE, GUIDA D
STREET ADDRESS	4410 WEST 16TH AVENUE SUITE 5 NO.329
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	DV <input type="checkbox"/> Delete
NAME	OREA, HECTOR JOSE
STREET ADDRESS	4410 WEST 16TH AVENUE SUITE 5 NO.329
CITY-ST-ZIP	HIALEAH FL 33016
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI LORETO, Claudio
STREET ADDRESS	2810 Weston Road
CITY-ST-ZIP	WESTON, Florida 33331
TITLE	C/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDA, Domenico
STREET ADDRESS	2810 Weston Road
CITY-ST-ZIP	Weston, Florida 33331
TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREA, Hector
STREET ADDRESS	15841 Pines Boulevard Suite #315
CITY-ST-ZIP	Rembroke Pines, Florida 33027
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAZOS, Reinaldo
STREET ADDRESS	2810 Weston Road
CITY-ST-ZIP	Weston, Florida 33331

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 empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

2002 **UNIFORM BUSINESS REPORT (UBR)**

Attachment

123720

DOCUMENT # PO1000087794

1. Entity Name

Avila International Services, Inc

Principal Place of Business

Mailing Address

110 Grand Palm Drive
Pembroke Pines, FL 33027

2. Principal Place of Business

3. Mailing Address

15841 Pines Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

City & State

City & State

Pembroke Pines FL

Zip

Country

Zip

Country

33027

USA

4. FEI Number

65-1136158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Hector Orea

Name

15841 Pines Boulevard

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

315

Pembroke Pines, FL 33027

City

FL

Zip Code

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.

Hector Orea

February 25/02

(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)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001: Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	Domenico Guida	
STREET ADDRESS	15841 Pines Boulevard, Suite 307	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	J.P.	<input type="checkbox"/> Delete
NAME	Claudio Di Loreto	
STREET ADDRESS	15841 Pines Boulevard, Suite 307	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE	S & Director	<input type="checkbox"/> Delete
NAME	Hector Orea	
STREET ADDRESS	15841 Pines Boulevard Suite 315	
CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME	Reinaldo Pazos	
STREET ADDRESS	15841 Pines Boulevard # 307	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25/02

Date

Daytime Phone #

CR2E034 (10/00)