

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087794

1. Entity Name  
AVILA INTERNATIONAL SERVICES, INC.



**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90236 001 \*\*\*150.00

Principal Place of Business  
2810 WESTON ROAD  
WESTON FL 33331

Mailing Address  
15841 PINES BOULEVARD  
SUITE R#307  
PEMBROKE PINES FL 33027

2. Principal Place of Business  
110 GRAND PALMS DRIVE

3. Mailing Address  
15841 Pines Blvd # 307

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Pembroke Pines FLORIDA

City & State  
Pembroke Pines Florida

Zip  
33027

Country  
USA

Zip  
33027

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

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

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

## 7. Name and Address of New Registered Agent

Name  
CLAUDIO DI LORETO  
Street Address (P.O. Box Number is Not Acceptable)  
15841 PINES BOULEVARD #307  
City  
Pembroke Pines FL Zip Code  
33027

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]* CLAUDIO DI LORETO Feb 04 / 03  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D DI LORETO, CLAUDIO 2810 WESTON ROAD WESTON FL 33331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GUIDA, DOMENICO 2810 WESTON ROAD WESTON FL 33331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OREA, HECTOR JOSE 15841 PINES BOULEVARD SUITE #315 PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAZOS, REINALDO 2810 WESTON ROAD WESTON FL 33331	<input checked="" 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	<del>CLAUDIO DI LORETO</del> <del>4442 FOREST DRIVE</del> <del>WESTON FL 33331</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, Director DOMENICO GUIDA 15841 Pines Blvd # 307 Pembroke Pines FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURE, Director Reinaldo PAZOS 15841 Pines Blvd # 307 Pembroke Pines FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident / Director CLAUDIO DI LORETO 15841 Pines Blvd # 307 Pembroke Pines FL 33027	<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

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]* SIGNATURE REQUIRED CLAUDIO DI LORETO Feb 04 / 03 (954) 4318800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)