

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90136 026 ***150.00

CR 210 AT

DOCUMENT # P01000108052

1. Entity Name
AVENTURA GUIDE, INC.

Principal Place of Business Mailing Address
1920 E. HALLANDALE BCH BLVD., SUITE 803 **1920 E. HALLANDALE BCH BLVD., SUITE 803**
HALLANDALE BCH FL 33009 **HALLANDALE BCH FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
20533 BISCAYNE BLVD. **20533 BISCAYNE BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 203 **SUITE 512**

City & State City & State
AVENTURA, FL **AVENTURA, FL**
 Zip Country Zip Country
33180 **MIAMI-DADE** **33180** **MIAMI-DADE**

4. FEI Number Applied For
01-0572950 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLERAN, ROBERT B ESQ.
1920 E. HALLANDALE BCH BLVD., SUITE 803
HALLANDALE BCH FL 33009

7. Name and Address of New Registered Agent

Name **DENNIS HOLOBER**
 Street Address (P.O. Box Number is Not Acceptable)
3300 NE 192ND STREET
SUITE 512
 City **AVENTURA** FL Zip Code **33180**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Dennis Holober* **DENNIS HOLOBER** **03/12/02**
 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 \$150.00
After May 1, 2002 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

TITLE **D** ☒ Delete
 NAME **HALLERAN, ROBERT B**
 STREET ADDRESS **1920 E. HALLANDALE BCH BLVD., SUITE 803**
 CITY-ST-ZIP **HALLANDALE BCH FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - DIRECTOR** ☒ Change ☐ Addition
 NAME **DENNIS HOLOBER**
 STREET ADDRESS **3300 NE 192ND STREET - SUITE 512**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **SECTY-TREAS.** ☐ Change ☒ Addition
 NAME **DOUNA CEPHASS**
 STREET ADDRESS **3300 NE 192ND STREET - SUITE 512**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Dennis Holober* **DENNIS HOLOBER** **03/12/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone # **305-933-9170**

CR2E034 (9/01)