

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90005 002 ***150.00

DOCUMENT # P01237

1. Entity Name

AVRS INC.

Principal Place of Business

Mailing Address

% A. G. AARONSON
 146 CENTRAL PARK WEST - 22E
 NEW YORK NY 10023-2005
 US

% A. G. AARONSON
 146 CENTRAL PARK WEST - 22E
 NEW YORK NY 10023-2005
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3045524

Applied F

Not App

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

**UNDERWOOD, HELEN
 ST. JOHNS LANDING
 3400 US HIGHWAY 17 NO.
 GREEN COVE SPRINGS FL 32043**

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 may
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CSD** ☐ Delete
 NAME **AARONSON, ALLEN G.**
 STREET ADDRESS **146 CENTRAL PARK WEST22E**
 CITY-ST-ZIP **NEW YORK NY 10023**

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

TITLE **PTD** ☐ Delete
 NAME **AARONSON, SCOTT T.**
 STREET ADDRESS **46 ALBERTA RD**
 CITY-ST-ZIP **CHESTNUT HILL MA 02167**

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

TITLE **VD** ☐ Delete
 NAME **AARONSON, ROBERT H**
 STREET ADDRESS **340 ARBOR RD.**
 CITY-ST-ZIP **MENLO PARK CA 94025**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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, changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10 212-595-2582