TO :
FROM :

PHONE NO. : 3058194373

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91438 005 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000014860

1. Entity Name
AVIA SALES CORP.

Principal Place of Business	Mailing Address
1301 N.W. 89TH COURT #212 MIAMI, FL 33172	1301 N.W. 89TH COURT #212 MIAMI, FL 33172

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2193 W. 73 street	2193 W. 73 st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah	City & State: Hialeah, Fl
Zip: 33016 Country: Dade	Zip: 33016 Country: Dade

4. FEI Number: 03-0386265 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOUAISSER, JEAN-MARC
1301 N.W. 89TH COURT
#212
MIAMI, FL 33172

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

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOUAISSER, JEAN-MARC 1301 N.W. 89TH COURT #212 MIAMI, FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] Jean Marc Nouaisser 4/30/03 (305)513-3970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #