

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90243 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000067931 1. Entity Name ADVANCED INNOVATIONS, INC.		 ✓	
Principal Place of Business 5567 NORTH WEST 72ND AVE MIAMI, FL 33166		Mailing Address 5567 NORTH WEST 72ND AVE MIAMI, FL 33166	
2. Principal Place of Business 1300 NW 78 ST Suite, Apt. #, etc.		3. Mailing Address 1300 NW 78 ST Suite, Apt. #, etc.	
City & State Miami, FL Zip 33106		City & State Miami, FL Zip 33106	
4. FEI Number 01-0768538		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAYMIK, LOUIS P 2000 ATLANTIC SHORES BLVD #201 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16499 SW 30 ST City Miramar 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 LOUIS P. Naymik DATE 4-7-03 Signature, typewritten or printed name of designated agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LAUZON, PIERRE M 6601 N PARK RD FORT LAUDERDALE, FL 33312	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V GARCIA, ROBERTO E 10280 E BAY HARBOR DR MIAMI, FL 33154	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S NAYMIK, LOUIS P 2000 ATLANTIC SHORES BLVD. #201 HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T VILLENA, NILO E JR 12351 SW 98TH ST MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
12. I hereby certify that the information submitted in this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 authorized 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 acknowledgment of all other like empowered.		SIGNATURE: Nilo E. Villena, Jr. DATE 4-7-03 TELEPHONE # 786-267-2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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✓ CHECK HERE IF MAKING CHANGES

CR2634 (1/02)