

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91347 040 ***150.00

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1. Entity Name
SEVENTEEN SEVENTY-ONE WEST AVENUE, INC.



Principal Place of Business
**5750 COLLINS AVE. STE 11A
MIAMI BEACH FL 33140**

Mailing Address
**5750 COLLINS AVE. STE 11A
MIAMI BEACH FL 33140**

55043971



2. Principal Place of Business
**650 West Avenue
Suite # 704
Miami Beach FL 33139**

3. Mailing Address
**650 West Avenue
Suite # 704
Miami Beach FL 33139**

4. FFL Number
14-1889678

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MAZER, MICHAEL B
5750 COLLINS AVE. STE 11A
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent
**L. Harvard Scott III
650 West Avenue
Suite # 704
Miami Beach FL 33139**

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 **L. Harvard Scott III** DATE **4/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

A0. OFFICERS AND DIRECTORS

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	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director and President	L. Harvard Scott, III	650 West Avenue, Suite # 704	Miami Beach, FL 33139		

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 a power like a power.

SIGNATURE: **SIGNATURE OF L. Harvard Scott III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/24/03** DAYTIME PHONE **305-632-7174**

CR2E034 (10/02)