

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-25-2003 90097 018 ***158.75

DOCUMENT # P02000111793

1. Entity Name
AV FINE ARTS, INC.



Principal Place of Business
**3916 W. VIEW AVE.
W. PALM BCH FL 33407**

Mailing Address
**3916 W. VIEW AVE.
W. PALM BCH FL 33407**

10110516



2. Principal Place of Business

19 WEST FLORIAN STREET

3. Mailing Address

19 WEST FLORIAN STREET

*Suite, Apt. #, etc.

605

*Suite, Apt. #, etc.

605

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33130

Country

USA

Zip

33130

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2298588

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETERS, KENNETH E
3916 W. VIEW AVE.
W. PALM BCH FL 33407**

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

JULY 23, 2003

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ Delete
NAME **PETERS, KENNETH E**
STREET ADDRESS **3916 W. VIEW AVE.**
CITY-ST-ZIP **W. PALM BCH FL 33407**

TITLE **D** ☐ Delete
NAME **VEIGA, JOSE A**
STREET ADDRESS **3916 W. VIEW AVE.**
CITY-ST-ZIP **W. PALM BCH FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 life empowered.

SIGNATURE:

Signature of Kenneth E. Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 23, 2003 (305) 373 8355
Date Daytime Phone

CR2E034 (4/03)

Attachment

10110516

#P0200011793

July 23, 2003

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please be informed that the Law Office of Rawny Garay, P.A. has been retained by AVfinearts, Inc. There have been changes to the UBR as reflected in the enclosed fully executed report. Apparently the individual claiming to be an attorney, who received the annual report failed to inform my client of the filing requirements and further did not produce the UBR upon my client's request. We ask that you please waive the late fees since my client was misled by their accountant.

Enclosed please find a check in the amount of \$158.75 reflecting the renewal fee and the past renewal fee as well as an executed UBR. Should you have any questions please feel to contact the undersigned.

With nothing further at this time, I remain,

Sincerely,

LAW OFFICES OF RAWNY GARAY, P.A.

Rawny Garay, Esq.