

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90668 045 ***150.00

DOCUMENT # P02000128403

1. Entity Name

AVENTURA MARINE 508, INC.



Principal Place of Business

1001 BRICKELL BAY DRIVE STE 2600
MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE STE 2600
MIAMI FL 33131

2. Principal Place of Business

17600 Collins Avenue
Suite, Apt. #, etc.

3. Mailing Address

17600 Collins Avenue
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach, FL

4. FEI Number

51-0444585

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRISALES-RACINI, OSCAR
1001 BRICKELL BAY DRIVE STE 2600
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Claudia Moreno

Street Address (P.O. Box Number is Not Acceptable)

17600 Collins Avenue

City

Sunny Isles Beach FL

Zip Code

33160

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SELTZER, MARIO
17600 COLLINS AVE
SUNNY ISLES FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
VILAR, CONSUELO
17600 COLLINS AVE
SUNNY ISLES FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)