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

P02000133811

DOCUMENT # 1. Entity Name

Country

AVATAR OCEAN PALMS, INC.



Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE 12TH FLOOR 12TH FLOOR CORAL GABLES FL 33134 CORAL GABLES FL 33134

6. Name and Address of Current Registered Agent

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

May 05, 2003 8:00 am Secretary of State

05-05-2003 92192 027 \*\*\*158.75



CHECK HERE IS MAKING CHANGES

/	5. Certificate of Status Desired	×	\$8.75 Additional Fee Required	
	7. Name and Address of New Re	gistere	d Agent	•
Name				`
				_
Street Address (	P.O. Box Number is Not Acceptable)			

GETMAN, DENNIS 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134

!	City			<u>-</u> -		FL	Zip Code	9
registers	ed office or re	anistered agent	or both	in the State	of Florida	Lam fan	nitiar with	and accent

4. FEI Number

В.	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.		

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees

Applied For

Not Applicable

Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition A KELFER, GENEALD NAME NAME 201 MHAMBRA CIELLE STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CiTY-ST-ZIP CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change X Addition Pers Jonathan 201 Alhambra Cir NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL GABLES FL 33134 TITLE ☐ Delete TITLE Change **∠**Addition LEVY, MICHAEL 201 ALMAN BRA CIRCLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COMIL GABLES, Fr 33134 TITLE ☐ Delete TITLE ☐ Change X Addition MCMAIRY, CHARLES L. 201 ALHAMBAA CIACLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP corm Gables, pl 33134 TITLE Delete TITLE Change Addition GETMAN, DENNIS J. NAME NAME 201 ALHAMBRA CIR STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME KERLIGAN JUANITA J STREET ADDRESS STREET ADORESS 201 ALHAMBEA CIR

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

CITY-ST-ZIP

33134

COMI BABLES, FL