

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

FILED

142

DOCUMENT # P04000057142

1. Entity Name

Avidert Y Representaciones, Inc.



06 DEC 15 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT-0506

2. Principal Place of Business

7225 NW 25 St.

3. Mailing Address

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33122

COUNTRY

Zip

COUNTRY

4. FRI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Guas, Geidy

Street Address (P.O. Boxes/Post Office Not Acceptable)

758 E 20 St

Hialeah

FL

Zip Code 33013

**DO NOT WRITE
IN THIS SPACE**

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]

Myself, Agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000082633230

12/19/06--01032--0111 \$8.7500 00

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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

P
Guas, Geidy
758 E. 20 St.
Hialeah, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Corporate Form 8

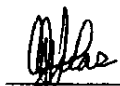
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ 300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **AVISERT Y REPRESENTACIONES, INC.**

Thank you for your courtesy in this matter.



GEIDY GUAS
PRESIDENT