

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92192 030 ***158.75

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DOCUMENT # P17866



1. Entity Name
AVATAR FINANCE, INC.

Principal Place of Business
**201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0030552**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FL
CORAL GABLES FL 33134**

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

**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	VD	<input type="checkbox"/> Delete
NAME	GETMAN, DENNIS J.	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KERRIGAN, JUANITA	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNAIRY, CHARLES	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHURCHILL, ROBERT	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMA, MICHEAL	
STREET ADDRESS	201 ALHAMBRA CIRCLE 12TH FL	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/Sec'y **4/24/03** **(305) 442-7000**
Date Daytime Phone #

CR2E034 (10/02)