

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014618

1. Entity Name

E AND C AVILA CORPORATION

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90387 012 ***150.00

Principal Place of Business

1750 AUSTRALLIAN AVE #5
RIVERIA BEACH FL 33404
US

Mailing Address

4480 ROYAL PALM BEACH BLVD.
WEST PALM BEACH FL 33411

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2. Principal Place of Business

4480 Royal Palm Bch Blvd
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Bch. FL.

City & State

City & State

4. FEI Number

65-0376321

Applied For

Not Applicable

Zip

33411

Country

Palm Bch.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AVILA, EDWARD C
4480 ROYAL PALM BEACH BLVD.
WEST PALM BEACH FL 33411

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AVILA, EDWARD C
STREET ADDRESS 4480 ROYAL PALM BEACH BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE D ☐ Delete
NAME AVILA, CYNTHIA J
STREET ADDRESS 4480 ROYAL PALM BEACH BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33411

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia J. Avila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

561-790-5428

Daytime Phone #

CR2E034 (10/00)