

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90762 001 13,176.25

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000052744**
1. Entity Name
AVL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2295 CORPORATE BLVD. NW. Suite, Apt. #, etc. Suite 222	3. Mailing Address 2295 CORPORATE BLVD NW Suite, Apt. #, etc. Suite 222
City & State BOCA RATON FL Zip 33431 Country USA	City & State BOCA RATON FL Zip 33431 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0425608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSDT HERRICK, NORTON 2295 CORPORATE BLVD NW # 222 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HERRICK, HOWARD 2 RIDGEDALE AVE Suite 370 CEDAR KNOLLS, NJ 07927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HERRICK, MICHAEL 2 RIDGEDALE AVE Suite 370 CEDAR KNOLLS, NJ 07927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Kermali, NISAR 2 RIDGEDALE AVE Suite 370 CEDAR KNOLLS, NJ 07927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 reports 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 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 #

CR2002AS (4/01)