2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am & Secretary of State 305-28-2002 01-212-223 P93000066939 **DOCUMENT #** 1. Entity Name A.V.E., INC. Mailing Address Clo Prager & Fentox Principal Place of Business 292 S. COUNTY RD. 675 THIRD AVE **STE 213** NEW YORK NY 10017 NORTH PALM BEACH FL 33408 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0439570 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name *SLAVIN:-MICHAEL*A----Street Address (P.O. Box Number is Not Acceptable) 4440 PGA BLVD. STE 402 PALM BCH GARDENS FL 33410 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mav Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) ☐ Delete TITLE Durr, Dicole DURR, NICOLE NAME c/o Prager+Fenton 675 Third Aug 675 THIRD AVE., 3RD FL STREET ADDRESS STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE BIELSKI, KAREN NAME NAME 292 S. COUNTY RD., STE 213 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR