

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026133

1. Entity Name  
AVALON IMAGES INC

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90371 004 \*\*\*150.00

Principal Place of Business  
550 BILTMORE WAY  
MEZZANINE  
CORAL GABLES FL 33134  
US

Mailing Address  
550 BILTMORE WAY  
MEZZANINE  
CORAL GABLES FL 33134-5730  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0578783

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAKOLSKY, KERRY  
600 ALMERICA AVENUE  
CORAL GABLES FL 33134

Name  
SAKOLSKY, KERRY  
Street Address (P.O. Box Number is Not Acceptable)  
5980 SW 134th Street

City MIAMI FL Zip Code 33156

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 *Kerry Sakolsky* Kerry Sakolsky President

4/21/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME SAKOLSKY, KERRY  
STREET ADDRESS 600 ALMERICA AVE  
CITY-ST-ZIP CORAL GABLES FL 33134  
*5980 SW 134th Street MIAMI, FL 33156*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME SHELBY, MAGGIE  
STREET ADDRESS 3122 PAOLA DR  
CITY-ST-ZIP COCONUT GROVE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVP  
NAME DONNS, THOMAS  
STREET ADDRESS 550 BILTMORE WY  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE  
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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: *Kerry Sakolsky* Kerry Sakolsky

4/21/00

305/445-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)