

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069587

1. Entity Name
AVILAR, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90142 040 ***150.00

911811



DO NOT WRITE IN THIS SPACE

Principal Place of Business 901-903 NE 30TH COURT NORTH SIDE OAKLAND PARK FL 33334 US	Mailing Address P.O. BOX 6217 FORT LAUDERDALE FL 33310-6217 US
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2. Principal Place of Business 1951 NW 32 STREET Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State OAKLAND PARK FL	City & State	4. FEI Number 65-0615247	Applied For Not Applicable
Zip 33309	Country USA	Zip	Country

6. Name and Address of Current Registered Agent D'AVILA, FERNANDO 2908 NW 28TH TERRACE OAKLAND PARK FL 33311	7. Name and Address of New Registered Agent Name FERNANDO D'AVILA Street Address (P.O. Box Number is Not Acceptable) 1951 NW 32 STREET City OAKLAND PARK FL Zip Code 33309
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS D'AVILA, FERNANDO 2908 NW 28TH TERRACE OAKLAND PARK FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FERNANDO D'AVILA 1951 NW 32 STREET OAKLAND PARK, FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: Jan. 28, 2001 DAYTIME PHONE #: (954) 677-0423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)