

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90132 011 ***150.00

DOCUMENT # **P96000017572 ✓**

1. Entity Name

AVIDIS, INC.

Principal Place of Business

Mailing Address

**5220 N.W. 76 TERRACE
 LAUDERHILL, FL. 33351**

2. Principal Place of Business

**1571 NW 100 DRIVE
 Suite, Apt. #, etc.**

3. Mailing Address

**1571 N.W. 100 DRIVE
 Suite, Apt. #, etc.**

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0657732

Applied For

Not Applicable

Zip

Country

USA

Zip

33071

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RICHARD BABOASARIAN
 1800 CORPORATE I #302
 BOCA RATON, FL.**

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 **President** ☐ Delete
 NAME **KEITH BABOASARIAN**
 STREET ADDRESS **1571 NW 100 DR.**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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:

Keith Baboasarian President 4/5/01 954-255-3122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)