

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020681

1. Entity Name

AVINA, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90102 020 ***158.75

Principal Place of Business

Mailing Address

1500 MONZA
SUITE #339
CORAL GABLES FL 33146

1500 MONZA
SUITE #339
CORAL GABLES FL 33133-5413

2. Principal Place of Business

2601 S. BAYSHORE DRIVE

Suite, Apt. #, etc.

SUITE 2000

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

3. Mailing Address

2601 S. BAYSHORE DRIVE

Suite, Apt. #, etc.

SUITE 2000

City & State

COCONUT GROVE, FL

Zip

33133

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0658220

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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

TITLE CP ☐ Delete
NAME MORICE, RAFAEL
STREET ADDRESS 1500 MONZA #339
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE CFOB ☐ Delete
NAME POULOS, LORI J
STREET ADDRESS 1500 MONZA
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☐ Delete
NAME GULICH, FRANK
STREET ADDRESS 1500 MONZA AVE #339
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 2601 S. BAYSHORE DR. ☒ Change ☐ Addition
NAME
STREET ADDRESS SUITE 2000
CITY-ST-ZIP COCONUT GROVE, FLORIDA 33133

TITLE BOARD MEMBER ☒ Change ☐ Addition
NAME
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP SUITE 2000
COCONUT GROVE, FLORIDA 33133

TITLE 2601 S. BAYSHORE DR. ☒ Change ☐ Addition
NAME
STREET ADDRESS SUITE 2000
CITY-ST-ZIP COCONUT GROVE, FLORIDA 33133

TITLE CFO ☐ Change ☒ Addition
NAME ENRIQUE LOPEZ
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 2000
CITY-ST-ZIP COCONUT GROVE, FLORIDA 33133

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 858-0373
Date Daytime Phone #