

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026491

1. Entity Name

AVREPS, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90002 006 ***150.00

Principal Place of Business

STE. 200, 1600 NW LEJEUNE RD.
MIAMI FL 33126

Mailing Address

STE. 200, 1600 NW LEJEUNE RD.
MIAMI FL 33126

2. Principal Place of Business

1600 NW 42 AVE

Suite, Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Address

1600 NW 42 AVE

Suite, Apt. #, etc.

301

City & State

MIAMI, FL

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0665849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
STE. 3660, 1 BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

GUY BOOTH

Street Address (P.O. Box Number is Not Acceptable)

1600 NW 42ND AVENUE

SUITE 301

City

MIAMI

FL

Zip Code

33126

8. The above named entity supports 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.

GUY BOOTH

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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	GM	<input type="checkbox"/> Delete
NAME	JACKSON, JOHN J	
STREET ADDRESS	1600 NW 42 AVE. STE. 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOOTH, GUY	
STREET ADDRESS	1600 NW 42 AVE. STE. 300	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

(305) 876-9339

Daytime Phone #

CR25034 / 0100