

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90050 009 ***150.00

DOCUMENT # P96000036725

1. Entity Name

18TH AVENUE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4345 Canard Road

3. Mailing Address

4345 Canard Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

650677838

Applied For

Not Applicable

Zip

32934

Country

U.S.A.

Zip

32934

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

James L. Reinman, Esq.

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

1825 Riverview Drive

City

Melbourne

FL

Zip Code
32901

**DO NOT WRITE
IN THIS SPACE**

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

4/19/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P, D Ralph I. Abravaya 4345 Canard Road Melbourne, FL 32934	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D Maria E. Abravaya 4345 Canard Road Melbourne, FL 32934	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19/02 321-259-9682