

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90030 003 \*\*\*150.00

0139334 AV

**DOCUMENT # P96000037083**

1. Entity Name  
**A AVILA, INC.**

Principal Place of Business <b>7970 NW 174 ST          MIAMI FL 33015          US</b>	Mailing Address <b>7970 NW 174 ST          MIAMI FL 33015          US</b>
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2. Principal Place of Business <b>217 E. 12 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>217 E. 12 ST</b> Suite, Apt. #, etc.
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City & State <b>Hialeah FL.</b>	City & State <b>HIALEAH FLORIDA</b>
Zip <b>33010</b>	Country <b>USA</b>
Zip <b>33010</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b> <b>AVILA, ARIEL</b> <b>7970 NW 174 ST</b> <b>MIAMI FL 33015</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>AVILA ARIEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>217 E 12 ST</b> City <b>HIALEAH</b> <b>FL</b> Zip Code <b>33010</b>	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D</b> <b>AVILA, ARIEL</b> <b>7970 NW 174 ST</b> <b>MIAMI FL 33-015.</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP</b> <b>AVILA ARIEL</b> <b>217 E 12 ST</b> <b>HIALEAH FL 33010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **03/26/02.** **(305)884-5719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)