

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P96000037083

1. Entity Name

A AVILA, INC.



2003 04 APR 30 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

217 E 12 ST

Suite, Apt. #, etc.

3. Mailing Address

217 E 12 ST

Suite, Apt. #, etc.

REINSTATEMENT

03-04

City & State

HIWALEAH FL

City & State

HIWALEAH FL

4. FEI Number

65-0730983

Applied For

Not Applicable

Zip

33010

Country

US

Zip

33010

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ARIEL AVILA

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

217 E 12 ST

City

HIWALEAH

FL

Zip Code

33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sign in ink, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/04

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ARIEL AVILA
217 E 12 ST
HIWALEAH FL 33010

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

04/23/04 01024 001 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100033722981
04/23/04--01024--001 **150.00

TITLE

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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/3/04

CR2E034B (12/02)

A AVILA, INC
217 E 12 ST
Hialeah, FL 33010

March 3, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: A. AVILA, INC.
DOCUMENT#: P9600037083

Dear Sir or Madam:

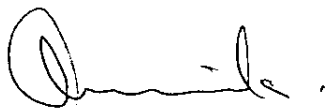
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



Ariel Avila

AA/re