2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91013 017 ***150.00

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DOCUMENT # P96000067586

1. Entity Name
AVATAR, INC.

Principal Place of Business	Mailing Address
8009 NW 36ST STE 211 MIAMI FL 33166	9456 SOUTHWEST 5 LANE MIAMI FL 33174

2. Principal Place of Business	3. Mailing Address
9456 SW 5 LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FL	City & State:
Zip: 33174 Country:	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0788503 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FULGUEIRA, LEONARDO 8009 NW 36 ST STE 211 MIAMI FL 33166	Name: FULGUEIRA, LEONARDO Street Address (P.O. Box Number is Not Acceptable): 9456 SW 5 LANE City: MIAMI FL Zip Code: 33174

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 [signature] 4-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULGUEIRA, LEONARDO 6955 NW 52 ST #109 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULGUEIRA, LEONARDO 9456 SW 5 LANE MIAMI - FL - 33174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FULGUEIRA, JOSE L 6955 NW 52 ST #109 MIAMI FL 33166	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 4-15-03 305 226-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)