

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083662

1. Entity Name

AVIJOS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90082 040 ***150.00

Principal Place of Business

10521 S.W. 158TH CT., STE 303
 MIAMI FL 33196

Mailing Address

10521 S.W. 158TH CT., STE 303
 MIAMI FL 33196-4215

2. Principal Place of Business

5201 BLUE LAGOON DRIVE

3. Mailing Address

5201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 885

Suite, Apt. #, etc.

SUITE 885

City & State

MIAMI FL

City & State

MIAMI FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0748206

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

TETZEL, HELENA ESQ
 15140 SOUTHWEST 104TH STREET #301
 MIAMI FL 33196

Name

JOSE M. AVILA

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

5201 BLUE LAGOON DRIVE, SUITE 885

City

MIAMI

FL

Zip Code
 33126

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

JOSE M. AVILA

Signature, typed or printed name of registered agent and title if applicable.

Signature of Registered Agent required when reinstating

4/26/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
 NAME AVILA, JOSE
 STREET ADDRESS 10521 S.W. 158TH CT., STE 303
 CITY-ST-ZIP MIAMI FL 33196

TITLE PSTD ☒ Change ☐ Addition
 NAME JOSE M. AVILA
 STREET ADDRESS 5201 BLUE LAGOON DRIVE, SUITE 885
 CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 307, 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:

JOSE M. AVILA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 (305) 629-3503

CR2E034 (9/99)