

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083662

1. Entity Name

AVIJOS, INC.

FILED

02 OCT 22 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15278 SW 115 Terrace

3. Mailing Address
15278 SW 115 Terrace

City, State, Zip
Miami, Florida

City, State, Zip
Miami, Florida

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEEL Number

Applied For
Not Applicable

Zip
33196

County
Miami-Dade

Zip
33196

County
Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Jose M. Avila

Street Address (P.O. Box Number is Not Acceptable)
15278 SW 115 Terrace

City, State, Zip
Miami, FL 33196

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IN THIS SPACE

8. The above named entity subscribes this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature
Jose M. Avila

09-16-2002

Signature must be in ink and must be of registered agent and not a representative. (NOTE: Registered agent signature required prior to filing.)

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

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 ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

11. OFFICERS AND DIRECTORS

NAME
PSTD
Jose M. Avila
STREET ADDRESS
15278 SW 115 Terrace
CITY, STATE, ZIP
Miami, FL 33196

FILE
NAME
100008500071--8
-10/22/02--01011--004
****150.00 ****150.00

NAME
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CITY, STATE, ZIP

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13. I hereby certify that the information supplied with this filing complies with the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supporting data report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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, will or other file empowered.

SIGNATURE:

Jose M. Avila

09-16-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR

State of Florida, Tallahassee, Florida Page 1

September 26, 2002

Dept of Corporations
PO BOX 6327
Tallahassee, FL 32314

Re: Document # P96000083662

To whom it may concern:

As per our telephone conversation enclosed please find
check#1558 in the amount of \$150.00 for the annual report.

As you may have noted in your computers, I never received the renewal form since
there was an error in your records and you agreed to accept payment for the renewal
for the typical annual fee.

Thank you very much for your cooperation and understanding.

Truly yours,

Jose M Avila

