

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103484

1. Entity Name
AVENTURA DESIGN CENTER, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90163 023 ***150.00

Principal Place of Business Mailing Address
1321 S 30 ST 1321 S 30 ST
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0714797** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARCI A. RUBIN, ATTORNEY AT LAW, P.A.
1500 NW 62ND ST
SUITE 404
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE **DP** ☐ Delete
NAME **EISDORFER, SCOTT F**
STREET ADDRESS **3750 PIEDMONT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **DVP** ☐ Delete
NAME **RUBIN, MARCI A**
STREET ADDRESS **9271 OAK GROVE CIRCLE**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **STD** ☐ Delete
NAME **EISDORFER, CARL N**
STREET ADDRESS **1110 LINDEN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3960 N 39 Ave**
CITY-ST-ZIP **Hollywood FL 33021**

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

TITLE ☐ Change ☐ Addition
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NAME
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/19/01

Date

Daytime Phone #

CR2E034 (10/00)