

FOR **T CORPORATION**
UNIFORM **NESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90778 029 ***150.00

DOCUMENT #

1. Entity Name

AVENTURA DESIGN CENTER, INC.

P96000103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3380 NORTH 28 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

3380 NORTH 28 TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FLORIDA

City & State
HOLLYWOOD, FLORIDA

4. FEI Number
65-0714797

Applied For

Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MARCI A. RUBIN, ATTORNEY AT LAW, PA
Street Address (P.O. Box Number is Not Acceptable)
1500 NW 62ND ST

SUITE 404

City
FT LAUDERDALE

FL

Zip Code
33309

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) ☐

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
EISDORFER, SCOTT F
3960 N. 39TH AVENUE
HOLLYWOOD, FLORIDA 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
RUBIN, MARCI A.
9271 OAK GROVE CIRCLE
DAVIE, FLORIDA 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
EISDORFER, CARL N.
1110 LINDEN STREET
HOLLYWOOD, FLORIDA 33019

TITLE
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CITY - ST - ZIP

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Scott Eisdorfer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

954-963-2200

Date

Daytime Phone #