2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNATURE:

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000003688** 1. Entity Name AVISTA PROPERTIES VI. INC. 05-01-2001 90127 031 ***158.75 Principal Place of Business Mailing Address 5353 CONROY ROAD 5353 CONROY ROAD ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 59-3422542 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALBH, ANIL VALB, ANIL Street Address (P.O. Box Number is Not Acceptable) 5353 CONROY ROAD 5353 CONROY ROAD SUITE 200 ORLANDO FL 32811 SUITE 200 Zig 2811 ORLANDO 8. The above named entity submits this staten € of∕changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or or nted na applicable (NOTE: Registered Agent's gnuture required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 $\lceil \rceil$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** BT! F Delete THE CR2E034 (10/00) ☐ Chance Addition NAME valbh, anil i NAM5 STREET ADDRESS STREET ADDRESS 5353 CONROY ROAD CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32811 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CIY-ST-ZIP TITLE ☐ Delete THILE ☐ Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Add tion NAME SMAM STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7IP CITY-ST-ZIP 13. Thereby 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 cirrector 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