2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P97000010876 DOCUMENT # 1. Entity Name AVAP INVESTMENTS, INC. 04-17-2002 90060 049 ***150 00 Principal Place of Business Mailing Address 19355 TURNBERRY WAY 19355 TURNBERRY WAY **AVENTURA FL 33180 AVENTURA FL 33180** US 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. FEI Number Applied For 65-0732219 Not Applicable 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, RUBEN A 19355 TURNBERRY WAY APT 6L **AVENTURA FL 33180** 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 NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01) 🔼 Delete TITLE ☐ Addition Change GOLDSTEIN, NATALIO P NAME 19355 TURNBERRY WAY, STE 6L STREET ADDRESS STREET ADDRESS AVENTURA FL 33180-2533 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLDSTEIN, ELIAS NAME NAME 19355 TURNBERRY WAY, STE 6L STREET ADDRESS STREET ADDRESS CITY-ST-7IP AVENTURA-FL 33180-2533-CITY-ST-ZIPre9 d TITLE TITLE ☐ Change ☐ Addition **GOLDSTEIN, RUBEN A** NAME NAME STREET ADDRESS 19355 TURNBERRY WAY, STE 6L STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180-2533 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.