

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90132 036 ***150.00

DOCUMENT # P97000017361

1. Entity Name

AVENTURA BAY TOWNHOMES CORPORATION

Principal Place of Business

18405 NE 30 AVE

~~1101 BRICKELL AVENUE 17TH FLOOR~~

AVENTURA FL 33160

US

Mailing Address

~~C/O BEATRIZ M. CAPOTE~~

1101 BRICKELL AVENUE 17TH FLOOR

MIAMI FL 33131

**MOVED
WRONG**

B0129765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18405 NE 30 AVE

3. Mailing Address

18405 N.E. 30 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA - FLORIDA

City & State

AVENTURA - FLORIDA

Zip

33129

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. FEI Number

65-0737285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPOTE, BEATRIZ M

~~1101 BRICKELL AVENUE~~

~~17TH FLOOR~~

MIAMI FL 33131

**999 BRICKELL PLAZA
SUITE # 700**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARTINS, DAVID**
STREET ADDRESS **18405 NE 30 AVE**
CITY-ST-ZIP **AVENTURA FL 33160**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

7-11-02 3056923088

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 80129765



July 11, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref.: Aventura Bay Town Homes.
FEIN: 65-0737285.
Document #P97000017361

Dear Sir or Madam:

I apologize for filing late, for you mailed to my attorney (register agent) old address, but she moved to a new address as verifiable by my attorney's new letterhead, which I have included.

I herewith include a check for \$150.00 as per item #8 of the frequently asked questions.

You may mail future reports to me or to my registered agent at her new address and as always I will mail back on time.

Thank you very much for your attention and I remain.

Very truly yours,



David Martins
President