

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000017363

1. Entity Name  
AVENTURA BAY VILLAS CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

C/O DAVID MARTINS

C/O DAVID MARTINS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1541 BRICKELL AVENUE, #A3801

1541 BRICKELL AVENUE, #A3801

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

4. FEI Number

Applied For

65-0739934

Not Applicable

Zip

Country

Zip

Country

33129

MIAMI-DADE

33129

MIAMI-DADE

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  
CAPOTE, BEATRIZ M.

Street Address (P.O. Box Number is Not Acceptable)  
1101 BRICKELL AVENUE, 17TH FLOOR

City  
MIAMI

FL

Zip Code  
33131

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 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 PRESIDENT  
NAME MARTINS, DAVID  
STREET ADDRESS 1541 BRICKELL AVENUE #A3801  
CITY-ST-ZIP MIAMI, FLORIDA 33129

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200008342402--6  
-10/11/02--01084--029  
\*\*\*\*558.75 \*\*\*\*558.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 SEP 30 PM 12: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

CR2E034B (12/01)