## 2002 Uniform Business Report (UBR)

SIGNATURE:

INTED NAME OF

## Apr 01, 2002 8:00 am Secretary of State P97000018007 DOCUMENT # 1. Entity Name 04-01-2002 90025 043 \*\*\*150.00 AV 8, INC. Principal Place of Business Mailing Address 5401 NW 15TH AVE. 5401 NW 15TH AVE. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business 5401 East Perimeter Rd. 5401 East Perimeter\_Rd Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0735845 Not Applicable Ft. Lauderdale, FL Ft. Lauderdale, FL \$8.75 Additional 5. Certificate of Status Desired 33309 33309 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corwin J. Zimmer ZIMMER, CORWIN J Street Address (P.O. Box Number is Not Acceptable) 5401 East Perimeter Rd. 5401 NW 15TH AVE. FT. LAUDERDALE FL 33309 Ft. Lauderdale 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 e of registered age it and title if applicable (NOTE: Registered Agent signature required when reinstating) voed or printed nan FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01 ☐ Addition ☐ Delete TITLE TITLE NAME Zimmer, Corwin J. NAME 📆 ZIMMER, CORWIN J 5401 East Perimeter Ft. Lauderdale, FL STREET ADDRESS 5401 NW 15TH AVE. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP X Change ☐ Addition TITLE ☐ Delete TITI F Boich, Wayne 5401 East Perimeter Rd. NAME NAME BOICH, WAYNE STREET ADDRESS STREET ADDRESS 5401 NW 15TH AVE. Ft. Lauderdaler FL CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive 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.