

2000 UNIFORM BUSINESS REPORT (UBR)

0202572

DOCUMENT # P97000047382

1. Entity Name

AVBORNE, INC.

FILED

00 FEB 16 PM 1:45

Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133

2665 SOUTH BAYSHORE DR
8TH FLOOR
MIAMI FL 33133-5448

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1500 NW 26 St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

33122

Zip

Country

4. FEI Number

65-0755869

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Maria C. Callejas

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~KLEIN, PETER W~~

2665 S. BAYSHORE DR.
8TH FLOOR
MIAMI FL 33133

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 Maria C Callejas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 VP/D ☐ Delete
NAME MCDOWELL, DEREK A
STREET ADDRESS 2665 SOUTH BAYSHORE DR 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

TITLE CEO/P ☐ Change ☒ Addition
NAME Earl W. Powell
STREET ADDRESS 2665 S. Bayshore Dr; 8th FL
CITY-ST-ZIP Miami, FL

TITLE D ☐ Delete
NAME GEORGE, PHILLIP T MD
STREET ADDRESS 2665 SOUTH BAYSHORE DR 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

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

TITLE D ☐ Delete
NAME AVAREZ, CESAR L ESQ
STREET ADDRESS 2665 SOUTH BAYSHORE DR 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

TITLE ☒ Change ☐ Addition
NAME 1221 Brickell Ave
STREET ADDRESS miami, FL
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KUFFNER, MARILYN D
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33133

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

TITLE ☒ Delete
NAME CEOP
NAME PARKINSON, EDWIN
STREET ADDRESS 7500 N.W. 26 STREET
CITY-ST-ZIP MIAMI FL 33122

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

TITLE VCFO ☒ Delete
NAME DUNN, RICHARD L
STREET ADDRESS 7500 NW 26TH STREET
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

1-17-00

305/858-2900

CR2E034 (9/99)