

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90184 043 ***150.00

DOCUMENT # P97000047382

1. Entity Name
AVBORNE, INC.

Principal Place of Business

7500 N.W. 26 STREET
MIAMI FL 33122

Mailing Address

2665 SOUTH BAYSHORE DR
8TH FLOOR
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0755869

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

CALLEJAS, MARIA C
2665 S. BAYSHORE DR.
8TH FLOOR
MIAMI FL 33133

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.

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 \$150.00
After MAY 1, 2001 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
NAME MCDOWELL, DEREK A
STREET ADDRESS 2665 SOUTH BAYSHORE DR 8TH FLOOR
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

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

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

TITLE D
NAME J. RAFAEL MONTALVO, III
STREET ADDRESS 7500 N.W. 26 ST
CITY-ST-ZIP MIAMI FL 33122 ☐ Change ☒ Addition

TITLE D
NAME AVAREZ, CESAR L ESQ
STREET ADDRESS 1221 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

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

TITLE 5
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME CEOP
POWELL, EARL W
STREET ADDRESS 2665 S. BAYSHORE DR., 8TH FLOOR
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *M. Kuffner*

MARILYN D KUFFNER, Sec

1-26-01

305-858-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)