

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065520

1. Entity Name

AVAQ GROUP, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90121 021 ***150.00

Principal Place of Business

C/O MOONEY AIRCRAFT
LOUIS SCHREINER FIELD
KERRVILLE TX 78028

Mailing Address

329 GRANELLO AVENUE
CORAL GABLES FL 33146
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0770258**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES REGISTERED AGENTS INC
329 GRANELLO AVENUE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **DOPP, PAUL S**
STREET ADDRESS **10220 SW 135TH STREET**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete
NAME **DOPP, CHRISTIAN E**
STREET ADDRESS **4 AMBER GLEN**
CITY-ST-ZIP **SAN ANTONIO TX 78251**

TITLE **D** ☐ Delete
NAME **HOOD, ROBERT H**
STREET ADDRESS **112 REGENTS PLACE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ Delete
NAME **LUTZ, DENISE**
STREET ADDRESS **3966 PLEASANT LAKE ROAD**
CITY-ST-ZIP **ANN ARBOR MI 48103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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

Paul S. Dopp, Chairman/CEO

4-20-01 830.792.2901

Date

Daytime Phone #

CR2E034 (10/00)