## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P97000073227** Jan 27, 2000 8:00 am Secretary of State AVENTURA LIMITED HOLDINGS INC. 01-27-2000 90105 002 \*\*\*150.00 Principal Place of Business Mailing Address C/O NAFTALI C/O NAFTALI 2313 NE 7TH STREET 2313 NE 7TH STREET DUULULA HALLANDALE FL 33009 HALLANDALE FL 33009-2876 2. Principal Place of Business 3. Mailing Address 21313 NE Thesteet 2313 NE. MOSTREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0775309 landale Not Applicable 33009 Country Country \$8.75 Additional 5. Certificate of Status Desired 35009 Browsrd Fee Required Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAVARA, EREZ Street Address (P.O. Box Number is Not Acceptable) C/O NAFTALI 2313 NE 7TH STREET HALLANDALE FL 33009 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPTS** TITLE ☐ Change Addition TITLE Delete NAFTALIE, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 2313 NE 7TH STREET CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change ☐ Addition Delete TITLE GAVARA, EREZ NAME NAME 2313 NE 7TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Change Addition ☐ Delete 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 ☐ Delete ☐ Change Addition TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attacomment with an addresse, with all other like empowered.

1.20.00