

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90179 010 ***150.00

DOCUMENT # P97000073227

1. Entity Name

AVENTURA LIMITED HOLDINGS INC.

Principal Place of Business

Mailing Address

~~C/O NAFTALI~~
~~2313 NE 7TH STREET~~
~~HALLANDALE FL 33009~~
 C/O EREZ
 190 NE 199 Street
 Suite 102
 N.M. Beach, FL 33179

~~C/O NAFTALI~~
~~2313 NE 7TH STREET~~
~~HALLANDALE FL 33009~~
 SAME

2. Principal Place of Business

3. Mailing Address

190 NE 199 Street Suite 102

190 NE 199 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

City & State

N.M. Beach FL

N.M. Beach FL

Zip

Country

Zip

Country

33179

DADE

33179

DADE

6. Name and Address of Current Registered Agent

4. FEI Number 65-0775309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

SAME

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

190 NE 199 Street Suite 103

City

N.M.B.

FL

Zip Code

33179

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	DPTS	<input type="checkbox"/> Delete
NAME	NAFTALIE, JOSEPH	
STREET ADDRESS	2313 NE 7TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAVARA, EREZ	
STREET ADDRESS	2313 NE 7TH STREET	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVARA EREZ	
STREET ADDRESS	190 NE 199 Street Suite 102	
CITY-ST-ZIP	N.M.B. FL 33179	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UOSI Naftalie	
STREET ADDRESS	190 NE 199 Street Suite 102	
CITY-ST-ZIP	N.M.B. FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)