2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096619

1. Entity Name

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FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90213 026 ***158.75

AVIS RUM	MMENY II	nternational Ri	eal est	ATE, INC.								
1 .	ce of Busines AVE. STE 221 I FL 33480		125 WC	Address ORTH AVE. STE 221 BEACH FL 33480								
Principal Place of Business 3. Mailing Address									 	i (111), 1 1111, 1 1111		
Suite, Apt. #, etc. Suite, Apt. #, etc.							☐ CHE	CK HERE II	F MAKIN	IG CHANGES		
City & Stat	te		City & State				4. FEI Number 65-0	794331		<u> </u>	plied For t Applicable	
Zip	•	Country	Zip		Country		5. Certificate of Status	Desired	×	\$8.75 Add	litional	
	6. Name	and Address of Current	Registered	Agent			7. Name and Address	of New Re	gistered	d Agent		
_= =					Name							
Anderson, Alan F 125 Worth Ave, Ste 221					Street A	Street Address (P.O. Box Number is Not Acceptable)						
PALM BEA	ACH FL 334	180										
		•			City				F	Zip Code	9	
	e named entit	y submits this statement fo ered agent.	r the purpos	e of changing its r	registered office o	r registere	ed agent, or both, in the	State of Flor	ida. Lan	n familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent :	and title if applica	able. (NOTE:	Registered Agent signat	ure required	when reinstating)		DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				9. Election Ca Trust Fund (-		May Be to Fees	
10.		OFFICERS AND	DIRECTOR	3	11.		ADDITIONS/CHANGI	S TO OFFIC	CERS AN	ND DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	125 WORT	RREN E JR. TH AVE, STE 221 ACH FL 33480		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVIS, WAI 125 WORT			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	125 WUH	SELY, JOHANNES J TH AVE SUITE 221 ICH FL 33480	Χ	- Delete	NAME STREET ADDRESS CITY-ST-ZIP	VP RUT 125	MENY JON WORTH AVI ALM BEAC	ANNE Sui H. FL	ST 7	Schange ZZI YSO	. ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			-		☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE WINE W SIGNATURE AND EFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)