2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am Secretary of State DOCUMENT # **P97000104887** 1. Entity Name AVOCADO REALTY COMPANY 02-08-2000 90151 029 ***150.00 Mailing Address Principal Place of Business 1907 SE 19TH ST 1907 SE 19TH ST POMPANO BEACH FL 33062-7625 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant # etc. Applied For City & State City & State 4. FEI Number 14-1637506 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ----7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIZZARRO, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) MULLEN & BIZZARRO, P.A. 2929 E COMMERCIAL BLVD, SUITE PH-C FT LAUDERDALE FL 33308 Zip Code City FL 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change Addition ☐ Delete TITLE TITLE CARIOTTO, ELFRIEDE NAME NAME STREET ADDRESS STREET ADDRESS 1907 SE 19TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 TITLE ☐ Change ☐ Addition Delete TITLE MORROW, SUZANNE C NAME NAME STREET ADDRESS STREET ADDRESS 1907 SE 19TH ST CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change ☐ Addition ☐ Delete TITLE CARIOTO, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 1907 SE 19TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 eath; 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:

Date

Daytime Phone #