

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024071

1. Entity Name

AVENTURA INTERNATIONAL BUSINESS CENTER, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90132 032 ***150.00

Principal Place of Business

2875 N.E. 191 STREET, PH3A
 AVENTURA FL 33180

Mailing Address

2875 N.E. 191 STREET, PH3A
 AVENTURA FL 33180-2841

944942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0850929

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ
 2875 N.E. 191 STREET
 AVENTURA FL 33180

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
 BALUNGER, LAURIS
 STREET ADDRESS 1986 NE 149TH ST.
 CITY-ST-ZIP N MIAMI FL 33181

TITLE Change Addition
 NAME BOULANGER, LAURIS
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 ROUSSO, MARK
 STREET ADDRESS 2875 N.E. 191 STREET, PH3A
 CITY-ST-ZIP AVENTURA FL 33180

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
 SAAL, JOSE NORBERTO
 STREET ADDRESS 2875 N.E. 191 STREET, PH3A
 CITY-ST-ZIP AVENTURA FL 33180

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 3054400022

Date

Daytime Phone #

CR2E034 (9/99)