

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91609 047 ***150.00

DOCUMENT # P98000024071

1. Entity Name

AVENTURA INTERNATIONAL BUSINESS CENTER, INC.

Principal Place of Business

**3440 HOLLYWOOD BLVD.
 360
 HOLLYWOOD FL 33021
 US**

Mailing Address

**3440 HOLLYWOOD BLVD.
 360
 HOLLYWOOD FL 33021
 US**

2. Principal Place of Business

**1986 NE 149TH ST
 Suite, Apt. #, etc.**

3. Mailing Address

**1986 NE 149TH ST
 Suite, Apt. #, etc.**

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33181

Country

Zip

33181

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
 3440 HOLLYWOOD BLVD., STE. 360
 HOLLYWOOD FL 33021**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	BALUNGER, LAURIS	
STREET ADDRESS	1986 NE 149TH ST.	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROUSSO, MARK	
STREET ADDRESS	3440 HOLLYWOOD BLVD., STE. 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SAAL, JOSE NORBERTO	
STREET ADDRESS	3440 HOLLYWOOD BLVD., STE. 360	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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	<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	
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	

CR2E034 (9/01)

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-01-02 305-940-0104