2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

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URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

DOCUMENT # P98000047531 May 03, 2000 8:00 am Secretary of State A.V. SERVICES INTERNATIONAL CORP. 05-03-2000 90080 019 ***158.75 Principal Place of Business Mailing Address 3292 STIRLING RD 3292 STIRLING RD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-2041 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0839397 Not Applicable Zip Country 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 **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City sulmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE DATE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing-\$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. Delete **PSD** TITLE TITLE NAME NAME VILAR, CARMEN 1574 YELLOWHEART WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Change ☐ Addition -VD ☐ Delete TITLE VILAR, RAUL E NAME STREET ADDRESS STREET ADDRESS 1574 YELLOWHEART WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME VILAR, ENRIQUE R STREET ADDRESS STREET ADDRESS 1574 YELLOWHEART WAY CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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