## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 10, 2001 8:00 am DOCUMENT # P98000048128 Secretary of State 1. Entity Name AV-AMERICAN INDUSTRIES, INC. .. 05-10-2001 90192 017 \*\*\*150.00 Principal Place of Business Mailing Address 8181 N.W. 67TH STREET 8181 N.W. 67TH STREET MIAMI FL 33166 MIAMI FL 33166 US DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0839366 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GELALDE GIRALDE, OREIBIS Name ... Street Address (P.O. Box Number is Not Acceptable) 8181 N.W. 67TH ST. **MIAMI FL 33166** City 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 of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete EVENECER GERALDE, GIRALDE, OREIBIS NAME STREET ADDRESS 8181 N.W. 67TH ST. STREET ADDRESS 1812 SW CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.