

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90116 023 \*\*\*150.00

2001801 AV

**DOCUMENT # P98000061801**

1. Entity Name  
**A.V.S. TECHNOLOGY, INC.**

Principal Place of Business  
**14201 SW 57TH LANE #3 MIAMI FL 33183** } (Address Change)  
 Mailing Address  
**14201 SW 57TH LANE #3 MIAMI FL 33183**

2. Principal Place of Business  
**7225 N.W. 12th St.**  
 Suite, Apt. #, etc.  
 3. Mailing Address  
**7225 N.W. 12th St.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL.**  
 Zip  
**33126**  
 Country  
**USA**  
 4. FEI Number  
**58-2404607**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MENENDEZ, VICTOR M**  
**14201 SW 57 LANE**  
**UNIT #3**  
**MIAMI FL 33183**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP MENENDEZ, VICTOR M 14201 SW 57 LANE, UNIT # 3 MIAMI FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **2/22/02** Daytime Phone #

CR2E034 (9/01)