

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90322 013 ***150.00

DOCUMENT # P98000071000

1. Entity Name
AVALON EXPRESS, INC.

Principal Place of Business Mailing Address
~~15324 SOUTHWEST 41ST TERRACE~~ POST OFFICE BOX 650995
~~MIAMI FL 33185~~ MIAMI FL 33265
DB/A AVALON AUTO SALES
14601 W. DIXIE HWY. NO. MIAMI, FL. 33161

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0863820** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, CARLOS R
15324 SW 41 TERR
MIAMI FL 33185

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 fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **GONZALEZ, CARLOS R**
 CITY-ST-ZIP **15324 SOUTHWEST 41ST TERRACE**
MIAMI FL 33185

TITLE **VP** ☐ Change ☒ Addition
 NAME **VPSTD**
 STREET ADDRESS **AMMED HACHMI**
 CITY-ST-ZIP **215 ATLANTIC ISLAND**
SUNNY ISLES, FL. 33160

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
 NAME **SEC**
 STREET ADDRESS **JOSE ESQUENAZI**
 CITY-ST-ZIP **1470 N.E. 125 TERRA #712**
N. MIAMI FL. 33161

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
 NAME **T.**
 STREET ADDRESS **PATRICIA V. GONZALEZ**
 CITY-ST-ZIP **15324 S.W. 41ST. TERRACE**
MIAMI FL. 33185

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
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 STREET ADDRESS
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TITLE ☐ Delete
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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)