2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000085449

Address:

City-St-Zip:

13015 SW 132 AVENUE

MIAMI, FL 33186

Entity Name: AVE MANAGEMENT, INC.

FILED Mar 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13015 SW 132 AVENUE MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** 13015 SW 132 AVENUE MIAMI, FL 33186 FEI Number: 65-0876675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROIZ, PAULA A 13015 SW 132 AVE MIAMI, FL 33186 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition AVELAR, ELIAS Name: Name: 13015 SW 132 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: AVELAR, CLORINDA Name: 13015 SW 132 AVENUE Address: Address: MIAMI, FL 33186 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ROIZ, PAULA A Name: Name: 13015 SW 132 AVENUE Address Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: () Change () Addition HUSK, ANA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAULA A ROIZ T 03/11/2002