2000 UNIFORM BUSINESS REPORT (UBR)

Robert "G. Aivazian.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P98000104135 Feb 04, 2000 8:00 am Secretary of State AIVA ENTERPRISES, INC. 02-04-2000 90006 044 ***150.00 Principal Place of Business Mailing Address 1958 SE PORT ST. LUCIE BLVD. 1958 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952-5513 2. Principal Place of Business 3. Mailing Address 881 NWARiver Shores Blvd 881 NW River Shores Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0882276 Stuart, Stuart, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34994 USA 34994 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert G. Aivazian RIZZOLO, JANET P Street Address (P.O. Box Number is Not Acceptable) 1958 SE PORT ST. LUCIE BLVD. <u>881 NW River Shores Blvd</u> PORT ST. LUCIE FL 34952 34994 <u>Stuart</u> 8. The above named entity submits this statement for the purpose of changing its registered office or registered attent. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be bn Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. X Addition TITLE President Change TITLE ☐ Delete NAME Robert G. Aivazian STREET ADDRESS STREET ADDRESS 881 NW River Shores Blvd. CITY-ST-ZIP CITY-ST-ZIP <u>Stuart, FL 34994</u> Addition Change TITLE ☐ Delete Vice-President NAME NAME William Bruckler STREET ADDRESS STREET ADDRESS 2712 S 10th St. CITY-ST-ZIP CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corpo changed, or on an attachment with an address, with all other like empowered.