FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 91088 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031498

90054065

1. Entity Name
AVIGNON IN THE GABLES, INC.

Principal Place of Business	Mailing Address
841 ANDALUSIA AVENUE CORAL GABLES, FL 33134	841 ANDALUSIA AVENUE CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
2900 SW 28th Lane	P.O. Box 341135
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miami, FL	City & State: Coral Gables, FL
Zip: 33133 Country: Dade	Zip: 33234-1135 Country: Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0909585 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSO, LAURA
4575 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE UNIFORM FEE IS $150.00. After May 1, 2003 ... Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUA, CARLOS R 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 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 #