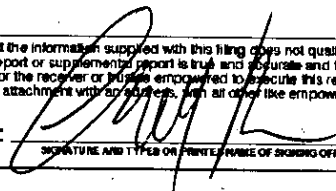


FILED
Mar 17, 2003 8:00 am
Secretary of State

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 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134		Mailing Address 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134	
2. Principal Place of Business 2900 SW 28th Lane		3. Mailing Address P.O. Box 34135	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---	
City & State Miami, FL		City & State Coral Gables, FL	
Zip 33133	Country Dade	Zip 33234-7135	Country Dade
4. Name and Address of Current Registered Agent RUSO, LAURA 4876 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33146		4. FEI Number 65-0909585	
5. 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.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of New Registered Agent RUSO, LAURA 4876 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	
SIGNATURE 		DATE	
8. 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 RUA, CARLOS R 841 ANDALUSIA AVENUE CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 (I changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date Daytime Phone #	