2000 UNIFORM BUSINESS REPORT (UBR)

5/8/00

FILED
00 MAY -8 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P99000034108

1. Entity Name
Aviles Pernia V., Inc.

Principal Place of Business: 172 Minorca Ave, Coral Gables, FL 33134
Mailing Address: Same

2. Principal Place of Business	3. Mailing Address
	7190 S.W. 14 ST.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State: Pembroke Pines, FL
Zip / Country	Zip: 33023 / Country: USA

DO NOT WRITE IN THIS SPACE
05/08/00 90124012 150.00

4. FEI Number — ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Villamar, Hector E. Jr.
172 Minorca Ave
Coral Gables, FL 33134

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.

SIGNATURE ____ 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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Villamar, Hector E. Jr 172 Minorca Ave Coral Gables, FL 33134 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Violeta Aviles 7190 SW 14 Street Pembroke Pines, FL 33023 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: VP Violeta Aviles — 4-6-00 — 954 893-9446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/16