

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044191

1. Entity Name

AVIO EXPRESS INT'L IV, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90003 019 ***550.00

Principal Place of Business

Mailing Address

4110 SAPHIRE TERRACE
WESTON FL 33331

4110 SAPHIRE TERRACE
WESTON FL 33331-3152

2. Principal Place of Business

1208 North State Rd 7

3. Mailing Address

48 Chestnut Circle

Suite, Apt. #, etc.

Hollywood FL

Suite, Apt. #, etc.

Cooper City, FL

City & State

City & State

4. FEI Number

65-0924488

Applied For

Not Applicable

Zip

33021

Country

Broward

Zip

33026

Country

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, SANDRA MILENA
4110 SAPHIRE TERRACE
WESTON FL 33331

Name

LETICIA ARROYO

Street Address (P.O. Box Number is Not Acceptable)

48 Chestnut Circle

City

Cooper City FL

City

FL

Zip Code

33026

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

Leticia Arroyo LETICIA ARROYO

4-28-2000

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	VD	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, SANDRA MILENA	
STREET ADDRESS	4110 SAPHIRE TERRACE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, ALEJANDRA	
STREET ADDRESS	4110 SAPHIRE TERRACE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASTRO, JAVIER ANDRES	
STREET ADDRESS	4110 SAPHIRE TERRACE	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARROYO, LETICIA	
STREET ADDRESS	1208 n st rd 7 hollywood	
CITY-ST-ZIP	fl 33021	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARROYO LEO	
STREET ADDRESS	1208 N. STATE RD 7	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leticia Arroyo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

914-9617677

Daytime Phone #

CR2E034 (9/99)