Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Jul 10, 2001 8:00 am Secretary of State P99000051327 DOCUMENT # 1. Entity Name 05-11-2001 90292 014 \*\*\*150.00 A V R. INC. Principal Place of Business Mailing Address 5347 SW 25TH ST PO BOX 3906 HOLLYWOOD FL 33023 HOLLYWOOD FL 33083 2. Principal Place of Business 3. Mailing Address ~ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0917734 Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSALIE JENKINS 5347 S.W. 23# ST. HOllywood, FL. 33023 BALDWIN, ALTON G SR Street Address (P.O. Box Number is Not Acceptable) 2420 SW 56TH AVE HOLLYWOOD FL 33023 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10 - Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change CR2E034 (5/01 TITLE TITLE Addition Delete BALDWIN, ALTON G SR NAME NAME 2420 SW 56TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition JENKINS, ROSALIE NAME NAME 5347 SW 25TH ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BELL. MICHAEL STREET ADDRESS 5341 SW 25TH STREET STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition JACKSON, LOIS NAME NAME STREET ADDRESS 141 NW 6TH AVE STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE STRACHAN, LINDA NAME MAME 5904 SW 25TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33023 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

7-6-01

Alfachment # P99000051327

I mail my file fee on 4/26/01 \$150.00 CK 166

Form AVR, INC. It receives the document after 30 day
in the mail. So it receives asther report \$601

It talk with your office and send for an
Trame Changel and it receives all of this
on time.

954) 893-935/ Basalui Denkins 5347 S.W. 254 St. Hollyward, FL. 33023