2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900073050 1. Entity Name AVITACENTER, INC.					FILED Mar 28, 2000 8:00 am Secretary of State 03-28-2000 90084 029 ***150.00		
Principal Place	e of Business	Mailing Address					
6700 SOUTHWEST 104TH COURT MIAMI FL 33173		6700 SOUTHWEST 104TH COURT MIAMI FL 33173-1310			LUU464ZZ		
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.	4. FEI Number Applied For 65~0943771 Not Applicable		
Zíp	Country	Zip	Country	5. (Certificate of Status Desired \$8.75 Addition Fee Required		
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Registered Agent		
343 /	GEL & UTRERA, P.A. ALMERIA AVENUE AL GABLES FL 33134		Street Addres	Street Address (P.O. Box Number is Not Acceptable) 6700 S.W. 104TH COURT			
Tax filing re	Arguet etc. Typed or printed name of registered agent or pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	DANIELA BRATI Inte if applicable. TNOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00 After IMAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		uired when re		lay Be	
11.	OFFICERS AND		12.	ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRATESCU, DANIELA 6700 SOUTHWEST 104TH COUL MIAMI FL 33173	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the cor	on this report or cupolamental report is	s true and accurate and that owered to execute this repor	my signature shall have t t as required by Chapter	the same 607, Flor	n 119.07(3)(i), Florida Statutes. I further certify that the inform legal effect as if made under oath; that I am an officer or d rida Statutes; and that my name appears in Block 11 or Blo	mecioi	

DANIELA BRATESCU PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

305-273-9582

Daytime Phone #