

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094177

1. Entity Name
PAVILION INVESTMENTS, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90032 031 ***150.00

Principal Place of Business

701 BRICKELL AVENUE #2000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE #2000
MIAMI FL 33131

2. Principal Place of Business

80 SW 8th St.
Suite, Apt. #, etc.
3100

3. Mailing Address

80 SW 8th St.
Suite, Apt. #, etc.
3100

City & State

Miami, FL

City & State

Miami, FL

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

65-0983155

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ.
701 BRICKELL AVENUE #2000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **George Befeler**

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

80 SW 8th Street

City

Miami

FL

Zip Code

33130

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 **X** 

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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, 2001 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

TITLE **DPS** ☐ Delete
NAME **ARYEH, DARIUSH**
STREET ADDRESS **201 CRANDON BLVD #1138**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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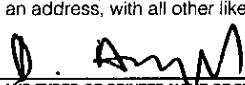
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)