

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000107014**

1. Entity Name

AVITUS, INC.**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90314 039 ***150.00

Principal Place of Business

Mailing Address

**7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433****7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433**

2. Principal Place of Business

1323 SW 44 TERR, DEERFIELD BEACH

3. Mailing Address

1323 SW 44 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH FL 33442City & State
DEERFIELD BEACH FL

4. FEI Number

☒ Applied For
☐ Not ApplicableZip
33442Country
USAZip
33442Country
USA5. 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****GARELLEK, STEVEN
7000 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433**

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

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 ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **JAN A. LEM**
CITY-ST-ZIP **1323 SW 44 TERRACE**
DEERFIELD BEACH, FL 33442TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SECRETARY AND TREASURER**
STREET ADDRESS **GUNNAR LEM**
CITY-ST-ZIP **ELTONVEIEN 6B**
OSLO, NORWAY 0586TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN A. LEM

Date

4/27/00

Daytime Phone #

(954) 427-6334

CR2E034 (9/99)