2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P99000111041** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** A V, INC. 03-01-2000 90040 005 ***150.00 Mailing Address Principal Place of Business 11380 PROSPERITY FARM RD., SUITE 204 11380 PROSPERITY FARM RD., SUITE 204 BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410 しりひんまじせい 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-MEROLA, JAMES R Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARM RD., SUITE 204 PALM BCH GARDENS FL 33410 City Zip Code ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e SIGNATURE DATE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ☐ Defete TITLE VILLENA-LANZI, ALEJANDRO Brackenwood Cove Beach Gardens, FL 3741 NAME NAME 8552 GULLANE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BCH FL 33412 CITY-ST-ZIP TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change · Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

CITY-ST-ZIP