

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291436

1. Entity Name

AVANTI PRESS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90031 006 ***158.75

Principal Place of Business

Mailing Address

13449 N.W. 42 AVE.
 MIAMI FL 33054-4586

13449 N.W. 42 AVE.
 MIAMI FL 33054-4513

2. Principal Place of Business

3. Mailing Address

Attn: Chief Financial Officer

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1089469

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

MURAI, WALD, BIOMDO & MORENO, P.A.
25 SE 2ND AVENUE
SUITE 900
MIAMI FL 33131

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	VS	<input type="checkbox"/> Delete
NAME	ARRIOLA, LOURDES	
STREET ADDRESS	7855 SW 82 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	ARRIOLA, JOSEPH, JR	
STREET ADDRESS	7855 SW 82 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, E	
STREET ADDRESS	5200 SW 82 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIOLA, LOURDES	
STREET ADDRESS	13449 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	C/D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIOLA, JOSEPH, JR	
STREET ADDRESS	13449 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, E	
STREET ADDRESS	13449 NW 42 AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	V/AS /CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTERS, ROBERT	
STREET ADDRESS	13449 NW AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	P/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURAI, RENE	
STREET ADDRESS	25 SE 2nd AVE, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Wald

4/7/2000

(305) 685-7281

CR2E034 (9/99)