

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90101 046 \*\*\*150.00

**DOCUMENT # 530094**

1. Entity Name  
**AVANTI INVESTMENTS, INC.**

Principal Place of Business

**431 E. HORATIO AVE. STE.210  
 MAITLAND FL 32751**

Mailing Address

**431 E. HORATIO AVE. STE.210  
 MAITLAND FL 32751-4560**

AUU42000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1755956**

Applied For

Not Applicable

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

**SCHWARTZ, CHARLES  
 431 E. HORATIO AVE  
 #210  
 MAITLAND FL 32751**

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	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, CHARLES	
STREET ADDRESS	431E HORATIO AVE. #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LOUIS, LYNN	
STREET ADDRESS	431 E HORATIO AVE 210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PRALAT, M	
STREET ADDRESS	431E HORATIO AVE. #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOEB, DONALD	
STREET ADDRESS	22 ST. CLAIR AVE E #1700	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHAPIRO, M	
STREET ADDRESS	431 E HORATIO AVE, 210	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SHERMAN, B.	
STREET ADDRESS	431 E HORATIO AVE 210	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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: *Berla Sherman* **Berla Sherman** 4/11/00 4076298488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #