

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005866

1. Entity Name

AVANTI REAL ESTATE ADVISORS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90474 022 ***150.00

Principal Place of Business

Mailing Address

880 THIRD AVE.
 THIRD FLOOR
 NEW YORK NY 10022

880 THIRD AVE.
 THIRD FLOOR
 NEW YORK NY 10022-4730

2. Principal Place of Business

3. Mailing Address

94 MOUNTAIN FARM Rd

94 MOUNTAIN FARM Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 781

P.O. Box 781

City & State

City & State

TUXEDO PARK, N.Y.

Tuxedo Park, NY

Zip

Country

Zip

Country

10987

USA

10987

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3586671

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

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324

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 PSD
 STREET ADDRESS HANSON, JOANN
 CITY-ST-ZIP 880 THIRD AVE.
 NEW YORK NY 10022

TITLE Change Addition
 NAME PSD
 STREET ADDRESS HANSON, JOANN
 CITY-ST-ZIP 94 MOUNTAIN FARM Rd, P.O. Box 781
 Tuxedo Park, N.Y. 10987

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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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:

Joann Hanson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

914-351-5913

Date

Daytime Phone #

CR2F034 (9/99)