

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

0060028

**DOCUMENT # K37308**

1. Entity Name

**AVANTI DEVELOPMENT CORPORATION**

04-03-2001 90022 027 \*\*\*150.00

Principal Place of Business % CHARLES SCHWARTZ 431 E. HORATIO AVENUE, SUITE 210 MAITLAND FL 32751	Mailing Address % CHARLES SCHWARTZ 431 E. HORATIO AVENUE, SUITE 210 MAITLAND FL 32751
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<b>59-2919844</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, CHARLES**  
**431 EAST HORATIO AVENUE**  
**SUITE 210**  
**MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, CHARLES	
STREET ADDRESS	431 E HORATIO AVE, #210	
CITY-ST-ZIP	MAITLAND FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LOEB, DONALD E.	
STREET ADDRESS	22 ST CLAIR AVE, E, 1700	
CITY-ST-ZIP	TORONTO, ONT., CANADA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CHILDRESS, JANET	
STREET ADDRESS	431 E HORATIO AVENUE 210	
CITY-ST-ZIP	MAITLAND FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Beila Sherman Beila Sherman Date: 3/27/2001 Daytime Phone #: 407-6288488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)