

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90107 046 \*\*\*150.00

**DOCUMENT # K37308**  
1. Entity Name  
**AVANTI DEVELOPMENT CORPORATION**



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**

0000000



2. Principal Place of Business  
**923 N. Pennsylvania**

3. Mailing Address  
**923 N. Pennsylvania**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Winter Park FL**

City & State  
**Winter Park FL**

Zip  
**FL 32789**

Country  
**32789**

4. FEI Number **59-2919844**

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 EAST HORATIO AVENUE~~  
~~SUITE 210~~  
~~MAITLAND FL 32751~~

Name  
**923 N. Pennsylvania**

Street Address (P.O. Box Number is Not Acceptable)

City  
**Winter Park FL** Zip Code  
**32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Charles Schwartz** DATE **2/4/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>SCHWARTZ, CHARLES</b>	
STREET ADDRESS <del>431 E HORATIO AVE, #210</del> <b>923 N. Pennsylvania Ave</b>	
CITY-ST-ZIP <del>MAITLAND FL</del> <b>Winter Park, FL 32789</b>	
TITLE <b>CD</b>	<input type="checkbox"/> Delete
NAME <b>LOEB, DONALD E.</b>	
STREET ADDRESS <b>22 ST CLAIR AVE, E, 1700</b>	
CITY-ST-ZIP <b>TORONTO, ONT., CANADA</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>CHILDRESS, JANET</b>	
STREET ADDRESS <del>431 E HORATIO AVENUE 210</del> <b>923 N. Pennsylvania Ave</b>	
CITY-ST-ZIP <del>MAITLAND FL</del> <b>Winter Park, FL 32789</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>SHAPIRO, M</b>	
STREET ADDRESS <del>431 E HORATIO AVE, 210</del> <b>923 N. Pennsylvania Ave</b>	
CITY-ST-ZIP <del>MAITLAND FL 32751</del> <b>Winter Park FL 32789</b>	
TITLE <b>AT</b>	<input type="checkbox"/> Delete
NAME <b>SHERMAN, B</b>	
STREET ADDRESS <del>431 E HORATIO AVE 210</del> <b>923 N. Pennsylvania Avenue</b>	
CITY-ST-ZIP <del>MAITLAND FL 32751</del> <b>Winter Park FL 32789</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>923 N. Pennsylvania Ave</b>	
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
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beila Sherman** DATE: **MAR 17 2003** DAYTIME PHONE #: **407-628-8488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)