

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

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

03-20-2003 90106 003 ***150.00

UBR03030
AV

DOCUMENT # K37368
1. Entity Name
AVANTI PROPERTY CORPORATION



Principal Place of Business
% CHARLES SCHWARTZ
~~431 EAST HORATIO AVENUE, SUITE 210~~
MAITLAND FL 32751

Mailing Address
% CHARLES SCHWARTZ
~~431 EAST HORATIO AVENUE, SUITE 210~~
MAITLAND FL 32751



2. Principal Place of Business
Suite, Apt. #, etc. **923 N. Pennsylvania**
City & State **Winter Park, FL**
Zip **32789** Country

3. Mailing Address
Suite, Apt. #, etc. **923 N. Pennsylvania**
City & State **Winter Park FL**
Zip **32789** Country

4. FEI Number **59-2919842** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** 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) **923 N. Pennsylvania Ave**
City **Winter Park** State **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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, CHARLES 431 E HORATIO AVE, #210 MAITLAND FL 923 N. Pennsylvania Ave Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOEB, DONALD E. 22 ST CLAIR AVE, E, 1700 TORONTO, ONT., CANADA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHILDRESS, JANET 431 E HORATIO AVE #210 MAITLAND FL 923 N. Pennsylvania Ave Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, M 431 E HORATIO AVE 210 MAITLAND FL 32751 923 N. Pennsylvania Ave Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SHERMAN, B. 431 E HORATIO AVE #210 MAITLAND FL 32751 923 N. Pennsylvania Ave Winter Park, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **MAR 17 2003** **407-628-8488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)