

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000093454**1. Entity Name
AVANT AEROSPACE, INC.

Principal Place of Business	Mailing Address
2636 N.W. 23RD WAY	2636 N.W. 23RD WAY
BOCA RATON FL 33431	BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
6601 LYONS ROAD	6601 LYONS ROAD

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE C-3	SUITE C-3

City & State	City & State
COCONUT CREEK FL	COCONUT CREEK FL

Zip	Country	Zip	Country
33073	US	33073	US

4. FEI Number	Applied For
65-1062359	Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLANE MICHAEL L
2636 N.W. 23RD WAY

BOCA RATON FL 33431**7. Name and Address of New Registered Agent**Name
LANE MICHAEL L
Street Address (P.O. Box Number is Not Acceptable)
2636 N.W. 23RD WAY

City BOCA RATON FL Zip Code 33431

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 _____ DATE **04/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZITO AL 7979 LA MIRADA DRIVE BOCA RATON FL 33433	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANE MICHAEL L 2636 N.W. 23RD WAY BOCA RATON FL 33431	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: AL ZITO PD 04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)