

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90037 029 ***150.00

DOCUMENT # P95000072012

1. Entity Name

AVNI INC.

Principal Place of Business

Mailing Address

**2127 EDGEWATER DR., S.E.
 WINTER HAVEN FL 33880**

**2127 EDGEWATER DR., S.E.
 WINTER HAVEN FL 33880**

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

59-3336014

Applied For

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 Agent

7. Name and Address of New Registered Agent

**MEHTA, JITENDRA K
 2127 EDGEWATER DR., S.E.
 WINTER HAVEN FL 33880**

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

I. J. Mehta
 Signature, typed or printed name of registered agent and title if applicable

OWNER (President)
 (NOTE: Registered Agent signature required when reinstating)

2-18-00
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: MEHLA, ILLA STREET ADDRESS: 2127 EDGEWATER DR., S.E. CITY-ST-ZIP: WINTER HAVEN FL 33880	<input type="checkbox"/>		
VD NAME: MEHLA, JITENDRA STREET ADDRESS: 2127 EDGEWATER DR., S.E. CITY-ST-ZIP: WINTER HAVEN FL 33880	<input type="checkbox"/>		
	<input type="checkbox"/>		

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.

CR2E034 (9/99)