

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90112 024 ***150.00

DOCUMENT # P96000055862

1. Entity Name
THE AVANTI FINANCIAL GROUP INC.

Principal Place of Business 100 CROWN OAK CENTRE DR LONGWOOD FL 32750 US	Mailing Address P O BOX 160340 ALTAMONTE SPRINGS FL 32716-0340 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 100 Crown Oak Centre Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Longwood FL	
Zip	Country	Zip 32750	Country USA

4. FEI Number 59-3387224	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent
**BILELLO, JOSEPH J.
 100 CROWN OAK CENTRE DR
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 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	
TITLE PT	<input type="checkbox"/> Delete
NAME BILELLO, JOSEPH J	
STREET ADDRESS 100 CROWN OAK CENTRE DR	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE VPS	<input type="checkbox"/> Delete
NAME BILELLO, LEISA	
STREET ADDRESS 100 CROWN OAK CENTRE DR	
CITY-ST-ZIP LONGWOOD FL 32750	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **JOSEPH J. BILELLO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 **407-331-7330**
 Date Daytime Phone #

CR2E034 (9/99)