

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90112 048 ***150.00

DOCUMENT # P98000063067
 1. Entity Name
AVANTI ENTERPRISE, INC.

Principal Place of Business Mailing Address
8000 NW 31ST #3 **8000 NW 31ST #3**
MIAMI FL 33122 **MIAMI FL 33122-1049**

Change address only

2. Principal Place of Business 3. Mailing Address
3579 NW 82 Av. *3579 NW 82 Av*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL *Miami FL*
 Zip Country Zip Country
33122 *33122* *33122* *33122*



6. Name and Address of Current Registered Agent
GUTIERREZ, MEDARDO E
8000 NW 31ST #3
MIAMI FL 33122

4. FEI Number Applied For
65-0850889 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3579 NW 82 Av.
 City State Zip Code
Miami **FL** *33122*

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: *[Signature]* DATE: *4/18/00*
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, MEDARDO 7750 SW 51 AVE MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3579 NW 82 Av.</i> <i>Miami FL 33122</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIMASTONE, LUIGI 8000 NW 31ST #3 MIAMI FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3579 NW 82 Av</i> <i>Miami FL 33122</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JOSE A 8000 NW 31ST #3 MIAMI FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3579 NW 82 Av</i> <i>Miami FL 33122</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER, HILDEMARO 8000 NW 31ST #3 MIAMI FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3579 NW 82 Av</i> <i>Miami FL 33122</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: *4/18/2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #