## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P95000084354 1. Entity Name ADVENT MANAGEMENT CORPORATION 05-03-2001 91131 049 \*\*\*150.00 Principal Place of Business Mailing Address 5813 NW 25TH TER 5812 NW 25TH TERRACE **BOCA RATON FL 33496** 3. Mailing Address 2. Principal Place of Business 2148 W. MAYA PALM DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 02-0447582 BOCA RATUN Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired PAIM BEACH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GANNON, JOHN 5812 NW 25TH TERRACE **BOCA RATON FL 33496** City 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. (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable Signature, typed or printer FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME GANNON, JOHN NAME POLM PRIVE 2148 W. MAYA STREET ADDRESS STREET ADDRESS 5812-NW-25TH TERRACE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 ☐ Addition ☐ Delete TITLE TITLE NAME GANNON, MARY NAME PALM PRIVE W. MAYA STREET ADDRESS STREET ADDRESS 5812 NW\_25TH\_TERRACE CITY-ST-ZIP CITY-ST-ZIP BOCA-RATON FL 33496 ☐ Addition TITLE TITLE ☐ Delete NAME ---NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO