

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291436

1. Entity Name
AVANTICASE-HOYT INC.

Principal Place of Business
13449 N.W. 42 AVE.
MIAMI FL 33054-4586

Mailing Address
13449 N.W. 42 AVE.
ATTN: CHIEF FINANCIAL OFFICER
MIAMI FL 33054-4586

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 59-1089469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIOMDO & MORENO, P.A.
25 SE 2ND AVENUE
SUITE 900
MIAMI FL 33131

7. Name and Address of New Register

Name Kelly Bartlett Jr.
Street Address 13449 N.W. 42 Ave
City Miami FL 33054

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, typed or printed name of registered agent and title if applicable

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME MARTINEZ, EUGENIO
STREET ADDRESS 13449 N.W. 42 AVE.
CITY-ST-ZIP MIAMI FL 33054-4586 ☐ Delete

TITLE VD
NAME ANGRSTROM, WAYNE R
STREET ADDRESS 13449 N.W. 42 AVE.
CITY-ST-ZIP MIAMI FL 33054-4586 ☐ Delete

TITLE STD
NAME CARUANA, JEANNE
STREET ADDRESS 13349 N.W. 42 AVE.
CITY-ST-ZIP MIAMI FL 33054-4586 ☐ Delete

TITLE D
NAME EDWARDS, BRIAN C
STREET ADDRESS 13349 N.W. 42 AVE.
CITY-ST-ZIP MIAMI FL 33054-4586 ☐ Delete

TITLE PAS
NAME MURAI, RENE
STREET ADDRESS 25 SE 2ND AVE, SUITE 900
CITY-ST-ZIP MIAMI FL 33131 ☒ 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 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/2001

305.685.7381

Date

Daytime Phone #

FILED
Sep 21, 2001 8:00 am
Secretary of State

05-23-2001 91179 014 ***150.00



DO NOT WRITE IN THIS SPACE

9882700
AV

CR2E034 (5/01)

Attachment Doc # 291436-781092

AVANTI

13449 N.W. 42nd Avenue
Miami, Florida 33054-4513

SUNTRUST BANK, MIAMI, N.A.
SUN CENTER
777 Brickell Avenue
MIAMI, FL 33131
63-115/631 115

14237 14237

04/19/01

\$150.00

DATE

AMOUNT

One Hundred Fifty and 00/100 dollars

PAY
TO THE
ORDER
OF

Department of State
Div. of Corp. Uniform Bus. Rept.
P.O. Box 1500
Tallahassee FL 32302

[Signature]

AUTHORIZED SIGNATURE

⑈014237⑈ ⑈063101153⑈ 6990189050520⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK. B

AVANTI
Department of State
oucher #

Amount

Date 04/19/01 Check No. 14237
Net Amt Ref #

Discount

9,449	\$150.00	\$150.00	2001-041701	\$0.00
Total	\$150.00	\$150.00		\$0.00

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Avanti Case Hoyt
13449 NW 42 Ave
Miami, FL 33054

1 Salazar



Attachment Doc # 291436
78692

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

2. Article

701
PS F

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **B. Date of Delivery**

C. Signature

X Carl Crawford ☐ Agent ☒ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

102595-00-M-095

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291436

1. Entity Name

~~AVANTI PRESS, INC.~~ avanticase-hart inc.

Attachment
Doc # 78692

Principal Place of Business

13449 N.W. 42 AVE.
MIAMI FL 33054-4586

Mailing Address

13449 N.W. 42 AVE.
ATTN: CHIEF FINANCIAL OFFICER
MIAMI FL 33054-4586

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 59-1089469

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI, WALD, BIOMDO & MORENO, P.A.
25 SE 2ND AVENUE
SUITE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Jeanne Caruana, CFO
Street Address (P.O. Box Number is Not Acceptable)
13449 NW 42 Ave.
City Miami FL Zip 33054

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DTS ARRIOLA, LOURDES 13449 NW 42 AVE MIAMI FL 33054	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDCE ARRIOLA, JOSEPH JR 13449 NW 42 AVENUE MIAMI FL 33054	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, E 13449 NW 42 AVENUE MIAMI FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASC WALTERS, ROBERT 13449 NW AVENUE MIAMI FL 33054	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS MURAI, RENE 25 SE 2ND AVE, SUITE 900 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/d Chairman - director Brian C. Edwards 13449 NW 42 Ave Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/d Vice President - director Wayne R. Angstrom 13449 NW 42 Ave Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t/s/d Treasurer, Secretary-director Jeanne Caruana 13449 NW 42 Ave Miami, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

Jeanne M. Caruana

4-30-01 305-685-7381

0482002

avanticase-hoyt

St. Ives US Division

13449 NW 42nd Avenue
Miami, Florida 33054
www.avanti-casehoyt.com
tel: 305.685.7381
tel: 800.327.7486
fax: 305.688.3260

100 Beaver Road
Rochester, New York 14624-0001
www.avanti-casehoyt.com
tel: 716.889.5670
tel: 800.333.0964
fax: 716.889.3418

attachment Doc#

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78692

September 6, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Document #291436

To whom this may concern,

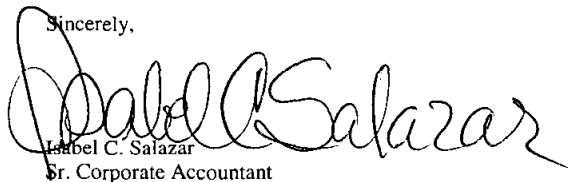
We are in receipt of your notice to file the 2001 Uniform Business Report by September 12th. Attached is a copy of the UBR filed on April 30, 2001, along with a copy of the payment for \$150.00, and a postal receipt signed by Carl Crawford that acknowledges receipt of the report.

Matt from your offices advised that a letter requesting that box 8 be signed by the registered agent was sent to avanticase-hoyt, inc. in June of this year, however, we did not receive such letter.

Attached is the 2001 UBR with the changes in box 8 you requested. Please note that we originally requested that Rene Murai be deleted as an officer/director of the corporation, but the change was not made.

If you have any questions, or require additional information, please do not hesitate to call me at (305) 685-7381 extension 224.

Sincerely,


Isabel C. Salazar
Sr. Corporate Accountant