## 2002 UNIFORM BUSINESS REPORT (UBR)

## P95000084354 DOCUMENT #

1. Entity Name

ADVENT MANAGEMENT CORPORATION

Mailing Address Principal Place of Business 5812 NW 25TH TERRACE 2148 W MAYA PALM DR **BOCA RATON FL 33496 BOCA RATON FL 33432** 

## FILED Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90175 014 \*\*\*150.00

2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address			i inditiont tin inie! ernie datte anie	ABILI DAIRI LEILE	A1844 11181	8(1)1 6(4) (54)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	е	City & State	City & State		<b>4.</b> F	4. FEI Number 02-0447582		-	Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. (	Certificate of Status Desired		<b>8.75</b> Ace Require	dditional	
	6. Name and Address of Curro	ent Registered Agent			7. N	Name and Address of New Re				
				.Name	المستداد	அது என்ற சென்ற கண்டகள்		به د پاستون د .	* * *	
GANNON, JOHN				Street Address (P.O. Box Number is Not Acceptable)						
	AYA PALM DR		}		·				<del></del> _	
BOCA RA	TON FL 33432									
				City			FL	Zip Co	de	
	named entity submits this statemer	at for the purpose of changing if	te registere	d office or regis	stered an	ent or both, in the State of Flo	rida.			
B. The above	named entity submits this statemen	it for the purpose of changing it	to registere	a omee or regi	oto.oa ag					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	OTE: Registered	Agent signature req	uired when re	einstating)	DATE			
A This corp.	oration is eligible to satisfy its Intang	ible FILE NOW	VIII FEE	IS \$150.00	****	46 Flaction Compaign Fin		ΦE	00	
	requirement and elects to do so.	After May 1, 2				10. Election Campaign Fine Trust Fund Contribution		برورو Adde	00 May Be ed to Fees	
(See crite	ria on back)	Make Check Paya	able to De	partment of						
11.	OFFICERS A	ND DIRECTORS	12.		AD	DDITIONS/CHANGES TO OFFI	CERS AND D	HECTO		
TITLE	P	Delete	TITLE	1			[	Change	Addition	
NAME	GANNON, JOHN		NAMI	1				•		
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CITY-ST-ZIP	BOCA RATON FL 33432		CITY	·ST-ZIP						
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STREET ADDRESS	· ·		- 6	-ST-ZIP						
CITY-ST-ZIP		with this files also set an elife.			n Section	110 07/3)(i) Florida Statutes	further certif	v that the	information	
<ol><li>13. Thereby</li></ol>	certify that the information supplied	with this filing does not quality	ior the exe	mption stated if	i Section	legal offact on if made under	nation Colli	o an offic	or or director	

Thereby certify that the information supplies with this 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