

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291436

1. Entity Name

AVANTI PRESS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90031 006 ***158.75

Principal Place of Business

Mailing Address

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

**13449 N.W. 42 AVE.
MIAMI FL 33054-4513**

2. Principal Place of Business

3. Mailing Address

Attn: Chief Financial Officer

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1089469

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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 \$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 **VS** ☐ Delete
NAME **ARRIOLA, LOURDES**
STREET ADDRESS **7855 SW 82 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D/T/S** ☒ Change ☐ Addition
NAME **ARRIOLA, LOURDES**
STREET ADDRESS **13449 NW 42 AVE**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **C** ☐ Delete
NAME **ARRIOLA, JOSEPH, JR**
STREET ADDRESS **7855 SW 82 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **C/D/CEO** ☒ Change ☐ Addition
NAME **ARRIOLA, JOSEPH, JR**
STREET ADDRESS **13449 NW 42 AVE**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **PD** ☐ Delete
NAME **MARTINEZ, E**
STREET ADDRESS **5200 SW 82 AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **MARTINEZ, E**
STREET ADDRESS **13449 NW 42 AVE**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE **WALD** ☐ Delete
NAME **WALD, RENE**
STREET ADDRESS **25 SE 2ND AVE, SUITE 900**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **V/AS /CFO** ☐ Change ☒ Addition
NAME **WALTERS, ROBERT**
STREET ADDRESS **13449 NW AVE**
CITY-ST-ZIP **MIAMI FL 33054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/AS** ☐ Change ☒ Addition
NAME **MURAI, RENE**
STREET ADDRESS **25 SE 2nd AVE, SUITE 900**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 reports 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/2000

(305) 685-7381

CR2E034 (9/99)