

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K66807

1. Entity Name

AMERICAN VENTURES REALTY INVESTORS, INC.

FILED

May 11, 2000 8:00 am  
Secretary of State

05-11-2000 90298 023 \*\*\*150.00

Principal Place of Business	Mailing Address
255 ALHAMBRA CIRCLE #1100 CORAL GABLES FL 33134	255 ALHAMBRA CIRCLE #1100 CORAL GABLES FL 33134-7400 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0371176	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARCIA, AGNES 255 ALHAMBRA CIRCLE #1100 CORAL GABLES FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<b>D</b> BLUMBERG, PHILIP F. 255 ALHAMBRA CIRCLE #1100 CORAL GABLES FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PD</b> BLUMBERG, PHILIP F. 255 ALHAMBRA CIRCLE, S #1100 CORAL GABLES, FL 33134
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VS</b> JEFFREY, THOMAS W. 255 ALHAMBRA CIRCLE, S #1100 CORAL GABLES, FL 33134
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VT</b> ARCIA, AGNES M. 255 ALHAMBRA CIRCLE, S # 1100 CORAL GABLES, FL 33134
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>V</b> WILIAMS, JUDE M. 255 ALHAMBRA CIRCLE, S # 1100 CORAL GABLES, FL 33134
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: <i>Philip F. Blumberg</i>	PHILIP F. BLUMBERG PRESIDENT	Date: 4/26/00	Daytime Phone #: 569-9700
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CR2E034 (9/99)