

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90066 016 \*\*\*158.75

0270430 AV

**DOCUMENT # L94999**

**1. Entity Name**  
**AVANTI PUBLISHING COMPANY**

**Principal Place of Business**

**2105 NW 102 AVE**  
**MIAMI FL 33172**

**Mailing Address**

**2105 NW 102 AVE**  
**MIAMI FL 33172**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number** **65-0216913**

**Applied For**  
**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**BRUNES, ROBERT, F**  
**2105 NW 102 AVE**  
**MIAMI FL 33172**

**Name**

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

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**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, 2002 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** **V** ☐ Delete  
**NAME** **BRUNES, ROBERT, F**  
**STREET ADDRESS** **10751 SW 27 ST**  
**CITY-ST-ZIP** **DAVIE FL**

**TITLE** **V** ☐ Delete  
**NAME** **BOHORQUES, JOSE, A**  
**STREET ADDRESS** **9385 SW 21 ST**  
**CITY-ST-ZIP** **MIAMI FL**

**TITLE** **P** ☐ Delete  
**NAME** **GELFAND, ARTHUR**  
**STREET ADDRESS** **ONE EXECUTIVE DR #151**  
**CITY-ST-ZIP** **SOMERSET NJ 08873**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☐ Change ☐ Addition  
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**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 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

3/1/02

Date

305-592-3919

Daytime Phone #

CR2E034 (9/01)