

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001251

1. Entity Name

AVANT TECHNOLOGIES L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 AM 11:02

Principal Place of Business Mailing Address
RD. #156 CAGUAS WEST INDUSTRIAL PARK RD. #156 CAGUAS WEST INDUSTRIAL PARK
BLDG 39 BLDG 39
CAGUAS PR 00726 CAGUAS PR 00726

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. BOX 9359

City & State City & State
CAGUAS, PR
Zip Country Zip Country
00726-9359 USA

4. FEI Number 66-0488813 Applied For Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
VARGAS, ALFREDO
3817 ST. ARMENS CIRCLE
MELBOURNE FL 32934
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, ALFREDO 3817 ST ARMENS CIRCLE MELBOURNE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luis Diaz MGR Rd.156 Caguas West Ind. Park Bldg.39 Caguas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Frontera MGR Rd.156 Caguas West Ind. Park, Caguas, PR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Luis G. Ramirez MGR Rd. 156 Caguas West Ind. Park Caguas, PR 00725 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eric Eliza MGR Rd. 156 Caguas West Ind. Park Bldg 39 Caguas, Puerio Rico <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003428135 <input type="checkbox"/> Delete -10/18/00--01017--014 *****55.00 *****55.00	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Joseph Frontera *Signature* 9/18/00 (787) 746-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #