

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111605

1. Entity Name

AVANTI INTERNATIONAL TRADE CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90353 018 ***150.00

0002923

Principal Place of Business

Mailing Address

8411 FOREST HILLS UNIT 205
CORAL SPRINGS FL 33065

8411 FOREST HILLS UNIT 205
CORAL SPRINGS FL 33065

753311

2. Principal Place of Business

3. Mailing Address

8411 Forest Hills Dr
Suite, Apt. #, etc.
205

8411 Forest Hills Dr.
Suite, Apt. #, etc.
205

City & State

City & State

Coral Springs, FL
Zip 33065 Country U.S.A.

Coral Springs, FL
Zip 33065 Country U.S.A.

4. FEI Number

Applied For

65-1079799

Not Applicable

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

CABRAL, JOHN
8411 FOREST HILLS UNIT 205
CORAL SPRINGS FL 33065

Name

N/A

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]

Signature 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, 2001 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 PD
NAME CABRAL, JOHN
STREET ADDRESS 8411 FOREST HILLS UNIT 205
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LONDONO, RAQUEL
STREET ADDRESS 8411 FOREST HILLS UNIT 205
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

VP Raquel Londono

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 796 9055

Daytime Phone #

CR2E034 (10/00)