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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000100159**

1. Entity Name

Avant - Cell Communications, INC

FILED

02 JUL 11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

740 Sorrento Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

4. FEI Number

65-1145293

Applied For

Not Applicable

Zip

33326

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

LAUTARO SR GARAY

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

740 Sorrento Drive

City **Weston**

FL

Zip Code

33326

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IN THIS SPACE**

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 file 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:

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: **Pr**
NAME: **LAUTARO S.R. GARAY**
STREET ADDRESS: **740 SORRENTO DRIVE**
CITY-ST-ZIP: **Weston FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: **V.Pd.**
NAME: **Irene GARAY**
STREET ADDRESS: **740 SORRENTO DRIVE**
CITY-ST-ZIP: **Weston FL 33326**

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2012

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **AVANT-CELL COMMUNICATIONS, INC.**

Thank you for your courtesy in this matter.



LAUTARO GARAY
PRESIDENT