

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90814 034 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000100159

1. Entity Name

AVANT-CELL COMMUNICATIONS, INC



10053710

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5751 N. University Dr

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMARAC FL

City & State

4. FEI Number

651145293

Applied For

Not Applicable

ZIP

33321

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name Louvaro GARAY

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

5751 N. University Dr.

City TAMARAC

FL

Zip Code

33321

**DO NOT WRITE  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature type or print name of registered agent and file if applicable.

(NOTE: Registered Agent Signature required when re-electing)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Pd  
LAUTARO GARAY  
5751 N. University Dr.  
TAMARAC, FL 33321

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Vic.  
Irene Garay  
5751 N. University Dr  
TAMARAC, FL 33321

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**DO NOT WRITE  
 IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)