

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 07, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000010052

1. Entity Name
AVANI SYSTEMS INC.

Principal Place of Business 5404B GINGERSOVE DR TAMPA FL 33634	Mailing Address 5404B GINGERSOVE DR TAMPA FL 33634
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 59-3344765	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAJU R. G
 8910 N. DALE MABRY
 STE 38
 TAMPA FL 33614 US

7. Name and Address of New Registered Agent

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 _____ DATE **01/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			
TITLE	VD	<input type="checkbox"/> Delete	
NAME	KONDAVEETI SUVARNA		
STREET ADDRESS	4555 WORTHINGTON CIR., APT 2		
CITY-ST-ZIP	TAMPA FL 33615		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	KONDAVEETI SUBRAHMANYAM		
STREET ADDRESS	4555 WORTHINGTON CIR., APT 2		
CITY-ST-ZIP	TAMPA FL 33615		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KONDAVEETI SUVARNA		
STREET ADDRESS	5404B GINGERSOVE DR		
CITY-ST-ZIP	TAMPA FL 33634		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KONDAVEETI SUBRAHMANYAM		
STREET ADDRESS	5404B GINGERSOVE DR		
CITY-ST-ZIP	TAMPA FL 33634		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: SUBRAHMANYAM KONDAVEETI **PRES** 01/07/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)