

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064282

1. Entity Name

AVANT GARDE INVESTMENTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90936 020 ***150.00

Principal Place of Business

10300 SW 72 ST.
 SUITE 465
 MIAMI FL 33173

Mailing Address

10300 SW 72 ST.
 SUITE 465
 MIAMI FL 33173-3075

2. Principal Place of Business

10300 SUNSET DRIVE

3. Mailing Address

10300 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 470K

Suite, Apt. #, etc.

SUITE 470K

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0784313

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

JARQUE, FEDERICO
 10300 SW 72 ST.
 SUITE 465
 MIAMI FL 33173

Name

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

10300 SUNSET DRIVE

SUITE 470K

City

MIAMI

FL

Zip Code

33173

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

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	JARQUE, FEDERICO	
STREET ADDRESS	10300 SW 72 ST., SUITE 465	
CITY-ST-ZIP	MIAMI FL 33173	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARQUE, FEDERICO	
STREET ADDRESS	10300 SUNSET DRIVE SUITE 470K	
CITY-ST-ZIP	MIAMI FL 33173	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/00 (305) 592 8767

Date

Daytime Phone #

CR2E034 (9/99)