

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-17-2000 90936 020 \*\*\*150.00

**DOCUMENT # P97000064282**

1. Entity Name  
**AVANT GARDE INVESTMENTS, INC.**

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
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2. Principal Place of Business 10300 SUNSET DRIVE	3. Mailing Address 10300 SUNSET DRIVE
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Suite, Apt. #, etc. SUITE 470K	Suite, Apt. #, etc. SUITE 470K
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33173	Country USA	Zip 33173	Country USA
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4. FEI Number **65-0784313**

Applied For	
Not Applicable	

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 Jarque Federico Jarque DATE 04/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JARQUE, FEDERICO</b> 10300 SUNSET DRIVE SUITE 470K MIAMI FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jarque Federico Jarque DATE 04/24/00 DAYTIME PHONE # (305) 592-8767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE