

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 018 ***150.00

0618818 AT

DOCUMENT # F93000005866

1. Entity Name

AVANTI REAL ESTATE ADVISORS, INC.

Principal Place of Business

**94 MOUNTAIN FARM RD
P.O. BOX 781
TUXEDO PARK NY 10987
US**

Mailing Address

**94 MOUNTAIN FARM RD
P.O. BOX 781
TUXEDO PARK NY 10987
US**

2. Principal Place of Business

3. Mailing Address

92 MOUNTAIN FARM RD

92 MOUNTAIN FARM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 781

P.O. Box 781

City & State

City & State

TUXEDO PARK, NY

Tuxedo Park, NY

Zip

Country

Zip

Country

10987

USA

10987

USA

4. FEI Number

13-3586671

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

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, 2002 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 ☐ Delete
NAME **PSD**
STREET ADDRESS **HANSON, JOANN**
CITY-ST-ZIP **94 MOUNTAIN FARM RD, P.O BOX 781
TUXEDO PARK NY 10987**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 845-351-5913

Date

Daytime Phone #

CR2E034 (9/01)