

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90019 001 ****61.25

DOCUMENT # 722107

1. Entity Name

VENICE ISLE INC.

R

Principal Place of Business

3536 N.E. 168 ST., APT. 202
 NORTH MIAMI BEACH FL 33160

Mailing Address

3536 NE 168 ST.
 NORTH MIAMI BEACH FL 33160
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1476675

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~LANZA, LAURA~~
~~3536 NE 168 ST~~
~~#403~~
~~N MIAMI BEACH FL 33160~~

7. Name and Address of New Registered Agent

Name **WILLIAM LOPEZ**
 Street Address (P.O. Box Number is Not Applicable)
3536 NE 168th St #306
 City **N. Miami Beach 1** FL Zip Code **33160**

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

X William Lopez president

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/11/2000

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LANZA, LAURA	
STREET ADDRESS	3536 N.E. 168TH ST., #403	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROSSY, ALBERTO	
STREET ADDRESS	3536 N.E. 168TH ST., #406	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRITOS, SILVIA	
STREET ADDRESS	3536 NE 168 ST., #407	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEBERT, LUCY	
STREET ADDRESS	3536 NE 168TH ST., #305	
CITY-ST-ZIP	NO MIAMI BCH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHICOINE, MARGUERITE	
STREET ADDRESS	3536 NE 168 ST., APT. 304	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ST PIERRE, MIREILLE	
STREET ADDRESS	3536 NE 168TH ST., #201	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33061	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	William Lopez President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM LOPEZ	
STREET ADDRESS	3536 NE 168th St #306	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMI AKTAR GUDARD	
STREET ADDRESS	3536 NE 168th St #307	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Fedelich	
STREET ADDRESS	3536 NE 168th St #204	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Huquette KOVACIESKI	
STREET ADDRESS	3536 NE 168th St #303	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Reichie	
STREET ADDRESS	3536 NE 168th St	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X William Lopez president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2000

DATE

705 9491128

DAYTIME PHONE #

CR2E037 (5/00)