

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90061 013 \*\*\*\*61.25

0041937

**DOCUMENT # 722107**

1. Entity Name

**VENICE ISLE INC.**

Principal Place of Business

Mailing Address

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

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

7. Name and Address of New Registered Agent

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

Name **William Lopez**

Street Address (P.O. Box Number is Not Acceptable)  
**3536 NE 168TH STREET #306**

City **N. Miami Beach** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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 checked="" 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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Lopez	
STREET ADDRESS	3536 NE 168TH ST #306	
CITY-ST-ZIP	N M B. FL. 33160	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sammy Gudaró	
STREET ADDRESS	3536 NE 168TH ST #307	
CITY-ST-ZIP	N M B. FL. 33160	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter McArdle	
STREET ADDRESS	3536 NE 168TH ST #501	
CITY-ST-ZIP	N M B. FL. 33160	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter McArdle	
STREET ADDRESS	3536 NE 168TH ST #501	
CITY-ST-ZIP	N M B. FL. 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGUETTE KOVACESKI	
STREET ADDRESS	3536 NE 168TH ST #303	
CITY-ST-ZIP	N M B. FL. 33160	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS REICHLÉ	
STREET ADDRESS	3536 NE 168TH ST #301	
CITY-ST-ZIP	N M B. FL. 33160	

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

01/15/01

Date

305 949 1108

Daytime Phone #

CR2E037 (10/00)