

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0025357

02-07-2002 90175 031 ****61.25

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOPEZ, WILLIAM
 3536 NE 168 ST
 #306
 N MIAMI BEACH FL 33160**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, WILLIAM	
STREET ADDRESS	3536 NE 168TH ST # 306	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUDARO, SAMMY	
STREET ADDRESS	3536 NE 168TH ST. # 307	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCARDLE, PETER	
STREET ADDRESS	3536 NE 168TH ST. # 501	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOVACESKI, HUGUETTE	
STREET ADDRESS	3536 NE 168TH ST # 303	
CITY-ST-ZIP	NO MIAMI BCH FL 33160	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCARDLE, PETER	
STREET ADDRESS	3536 NE 168TH ST # 501	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	REICHLE, CHRIS	
STREET ADDRESS	3536 NE 168TH ST # 301	
CITY-ST-ZIP	NORHT MIAMI BEACH FL 33160	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	APT N- 507	
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		

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: WILLIAM LOPEZ 01-21-02 3059491108

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE