


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90283 039 ****61.25

DOCUMENT # **722107**

1. Entity Name
VENICE ISLE INC.



Principal Place of Business
**3536 N.E. 168 ST., APT. 202
NORTH MIAMI BEACH FL 33160**
(NO APT #)

Mailing Address
**3536 NE 168 ST.
NORTH MIAMI BEACH FL 33160
US**

10023011



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3536 NE 168 ST
Suite, Apt. #, etc.
N/A

3. Mailing Address
3536 NE 168 ST
Suite, Apt. #, etc.
N/A

City & State
North Miami Beach, FL

City & State
**North Miami Beach
Florida**

Zip
33160

Country
USA

Zip
33160

Country
USA

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

LOPEZ, WILLIAM
3536 NE 168 ST
~~#300~~
N MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

#507

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *W. Lopez* **President** DATE **02.14.03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOPEZ, WILLIAM	
STREET ADDRESS	3536 NE 168TH STREET #507	
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	REICHL, CHRIS	
STREET ADDRESS	3536 NE 168TH ST # 301	
CITY-ST-ZIP	NORHT MIAMI BEACH FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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* **WILLIAM LOPEZ** DATE **02.14.03** **305 9491108**

CR2E037 (10/02)