

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90016 043 \*\*\*550.00

**DOCUMENT # P97000024945**

1. Entity Name  
**VENSOFT, CORP.**

Principal Place of Business

7220 NW 36TH STREET  
 #616  
 MIAMI FL 33166  
 US

Mailing Address

7220 NW 36TH STREET  
 #616  
 MIAMI FL 33166  
 US

2. Principal Place of Business

**7370 N.W. 36th Street.**

Suite, Apt. #, etc.  
**325-G.**

City & State  
**Miami, FL**

Zip Country  
**33166 U.S.**

3. Mailing Address

**7370 N.W. 36th Street.**

Suite, Apt. #, etc.  
**325-G**

City & State  
**Miami, FL**

Zip Country  
**33166 U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0761780**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RALPH VENTURA, P.A.**  
**2250 SW 3RD AVE., 3RD FLOOR**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

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)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ROMERO, GLISERIO</b>
STREET ADDRESS	<b>7220 NW 36TH STREET #623</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GIUGNI, IVAN</b>
STREET ADDRESS	<b>7220 NW 36TH STREET #623</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ROMERO, SONIA</b>
STREET ADDRESS	<b>7220 NW 36TH STREET #623</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, GLISERIO</b>
STREET ADDRESS	<b>7370 N.W. 36th St. #325-G</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>V</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO, SONIA</b>
STREET ADDRESS	<b>7370 NW, 36th St. #325-G</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMERO SALVADOR</b>
STREET ADDRESS	<b>7370 NW 36th St. #325-G</b>
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
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	

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:** Sonia Romero **SONIA ROMERO** **9/8/00** **305-597-4305**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)