

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90005 039 ***158.75

DOCUMENT # S87370

1. Entity Name
VENTAL, INC.

Principal Place of Business 5805 BLUE LAGOON DR SUITE 175 MIAMI FL 33126	Mailing Address 5805 BLUE LAGOON DR SUITE 175 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0308594		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MCCRARY, JAMES D. 5805 BLUE LAGOON DRIVE SUITE 175 MIAMI FL 33126				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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRARY, JAMES D.			NAME	McCrary, James D.		
STREET ADDRESS	CALLE CARDON APT PB			STREET ADDRESS	7501 S.W. 54th Court		
CITY-ST-ZIP	ZULIA, VENEZUELA			CITY-ST-ZIP	Miami, FL 33143		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRARY, JAMES			NAME	McCrary, James D.		
STREET ADDRESS	EDIFICIO CARDON, CALLE CARDON APT PB			STREET ADDRESS	7501 S.W. 54th Court		
CITY-ST-ZIP	CIUDAD OJEDA ZU			CITY-ST-ZIP	Miami, Fl 33143		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIURILO, PIERLUIGI			NAME			
STREET ADDRESS	CALLE VARGAS 174			STREET ADDRESS			
CITY-ST-ZIP	CIUDAD OJEDA ZU			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUSARO, MIRCO I			NAME			
STREET ADDRESS	CALLE VARGAS 160			STREET ADDRESS			
CITY-ST-ZIP	CIUDAD OVEDA ZU			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIOVAN, CONSTANTINO			NAME			
STREET ADDRESS	VIA MANZONI 2			STREET ADDRESS			
CITY-ST-ZIP	PADOVA, ITALY			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ **1/31/02 305-262-9249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)