

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90055 046 ***150.00

DOCUMENT # P96000010649

1. Entity Name

VENMAR INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

7825 HWY 99 STREET
MIAMI FL 33016
US243 LANDINGS BLVD.
FORT LAUDERDALE FL 33327-1106

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7825 NW 99 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Zip Country Zip Country

33016 US**US**

4. FEI Number

65-0637726

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

SCHWARTZ, RICHARD W
243 LANDINGS BLVD.
FORT LAUDERDALE FL 33327

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00...**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP
P
SCHWARTZ, RICHARD W
243 LANDINGS BLVD.
FORT LAUDERDALE FL 33327 ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP
Schwartz, Vilma
243 Landings Blvd
Ft Lauderdale, FL 33327 ☐ Change ☒ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP
D
ZOELLER, JOHN A
11851 GRIFFING BLVD
BISCAYNE PARK FL 33161 ☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP
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☐ Change ☐ AdditionTITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DeleteTITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date**(305) 820-8400**
Daytime Phone #