

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001234

1. Entity Name
1374 SOUTH VENETIAN CORP. ✓

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90031 039 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1374 SOUTH VENETIAN WAY MIAMI BEACH FL 33139	Mailing Address 1374 SOUTH VENETIAN WAY MIAMI BEACH FL 33139-1146
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORN, GARY A ESQ.
20803 BISCAYNE BOULEVARD
SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name: **JENNIFER SCHECHTMAN CPA**
Street Address (PO, Box Number is Not Acceptable): **9050 PINES BLVD SUITE 205**
City: **PEMBROKE PINES** FL Zip Code: **33024**

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]* DATE: **7/24/00**

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTPEYROUX, PHILIPPE DE 1374 SOUTH VENETIAN WAY MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABRIZIO BOSTICCO 1374 SOUTH VENETIAN WAY MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FABRIZIO BOSTICCO 1374 SOUTH VENETIAN WAY MIAMI BEACH, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Fabrizio Bostico* DATE: **7/24/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Attachment
Off P 9990001234
Dw 76512

DOCUMENT #

Corporation Name
1374 SOUTH VENETIAN WAY

Principal Office of Business Mailing Address

above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

1. New Principal Office Address, If Applicable

2. Apt. #, etc.

3. New Mailing Office Address, If Applicable

4. Suits, Apt. #, etc.

5. City & State

6. Country Zip Country

Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FABRIZIO BOSTICO 1374 SOUTH VENETIAN WAY	1374 SOUTH VENETIAN WAY	MIAMI BEACH, FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code
FL

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Agent REGISTERED AGENT MUST SIGN Date

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Fabrizio Bostico