

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024945

1. Entity Name
VENSOFT, CORP.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90084 028 ***150.00

Principal Place of Business

7370 NW 36TH STREET
325-G
MIAMI FL 33166
US

Mailing Address

7370 NW 36TH STREET
325-G
MIAMI FL 33166
US

2. Principal Place of Business

7220 NW 36th Street

3. Mailing Address

7220 NW 3th Street

Suite, Apt. #, etc.

631

Suite, Apt. #, etc.

631

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0761780

Applied For

Not Applicable

Zip

33166

Country

U.S.

Zip

33166

Country

U.S.

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

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

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ROMERO, GLISERIO	
STREET ADDRESS	7220 NW 36TH STREET #623	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GIUGNI, IVAN	
STREET ADDRESS	7220 NW 36TH STREET #623	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, SONIA	
STREET ADDRESS	7220 NW 36TH STREET #623	
CITY-ST-ZIP	MIAMI FL 33166	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, GLISERIO	
STREET ADDRESS	7220 NW 36th Street # 631	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMERO, SONIA	
STREET ADDRESS	7220 NW 36th Street # 631	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMERO, SALVADOR	
STREET ADDRESS	7220 NW 36th Street #631	
CITY-ST-ZIP	Miami, FL 33166	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01 305-597-4305

Date

Daytime Phone #

CR2E034 (10/00)