2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2626 E COMMERCIAL BLVD

DOCUMENT#

256640

1. Entity Name

VENETIAN PARK INC

Principal Place of Business

FILE NOW!!! FEE IS \$150.00

2151 NE 42 COURT



04-07-2003 90963 036 ***150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name MANAGEMENT ASSIST, INC 2626 E COMMERCIAL BLVD #4 FORT LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	LIGHTHOUSE POI	NT FL 33064	#4 FORT LAUDERDAL	E FL 33308					
City & State Country Country Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name MANAGEMENT ASSIST, INC 2626 E COMMERCIAL BLVD #4 FORT LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	2. Principal Place	e of Business	3. Mailing Address			1 (1861)0 1140)			
Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name MANAGEMENT ASSIST, INC 2626 E COMMERCIAL BLVD #4 FORT LAUDERDALE FL 33308 City Fee Required Name Name Street Address (P.O. Box Number is Not Acceptable) **Expectation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	City & State		City & State		4. FEI Number 59-1030609	Applied For Not Applicable			
MANAGEMENT ASSIST, INC 2626 E COMMERCIAL BLVD #4 FORT LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Zip	Country	Zip	Country	5. Certificate of Status Desired				
MANAGEMENT ASSIST, INC 2626 E COMMERCIAL BLVD #4 FORT LAUDERDALE FL 33308 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	MANAGEMENT ASSIST, INC 2626 E COMMERCIAL BLVD								
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	FORT LAUDERDALE FL 33308				City FL Zip Code				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			ment for the purpose of chang	ling its registered office or r	egistered agent, or both, in the State of Florida. I ar	n familiar with, and accept			
	Sign			(NOTE: Registered Agent signature	o required when reinstating) DATE				

Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State				 Election Campaign Financ Trust Fund Contribution. 	~ <u> </u>	5.00 May Be Ided to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D∜	☐ Delete	TITLE	Dr		☐ Chan	ge Addition	
NAME 📲	FATSEAS, JOHN		NAME	WALKER	e, Lorraine 542 ct #2090			
STREET ADDRESS	2151 NE 42 COURT APT 206 A		STREET ADDRESS	2161 N	E 47 CT # 2090	E		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP		HOWE PT FL			
TITLE	VP	☐ Delete	TITLE	D		Chan		
NAME	WITTENBERG, RON		NAME	SPAD 0	NE, TOM E 42 COURT	u \		
STREET ADDRESS	2151 NE 42 COURT, #240E		STREET ADDRESS	2151 N	E 42 COURT	# 222	>	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	LIGHT	THOUSE POINT	- FL 33	064	
TITLE	VD	Delete	TITLE	DS		☐ Chan		
NAME _	TANI, SANDRA		NAME	HA LEY	LINDA-	·		
STREET ADDRESS	2151 NE 42 COURT, #136CW		STREET ADDRESS		E 42 COURT			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	TIGHT	HOUSE POINT	PC 3	3064	
TITLE	I TD	Delete	TITLE			☐ Chan		
NAME	DWYER, PAT	, ,	NAME					
Street address	2161 NE 42 COURT, #209CE		STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	[
TITLE	SD	☐ Delete	TITLE			☐ Chan	ge 🔲 Addition	
NAME	TEDLOCK, CADENA		NAME					
STREET ADDRESS	2150 NE 42 STREET, #241F		STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE			☐ Chan	ge 🔲 Addition	
NAME	PEIPER, WILLIAM		NAME					
STREET ADDRESS	2141 NE 42 COURT, #100M		STREET ADDRESS	J				
CITY-ST-ZIP	LIGHTHOUSE FL 33064		CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.