

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 661307

1. Entity Name
SERENITY VENTURES, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90528 026 ***150.00

923175



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% MORRISON, GLENN % MORRISON, GLENN
990 LUGO AVE. 990 LUGO AVE.
CORAL GABLES FL 33156 CORAL GABLES FL 33156

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1999751** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, GLENN
990 LUGO AVE.
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRISON GLENN	
STREET ADDRESS	990 LUGO AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP, D, T	<input type="checkbox"/> Delete
NAME	JANE L. MORRISON	
STREET ADDRESS	990 LUGO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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: G. MORRISON 2/27/01 305-662-8386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)