

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734843

1. Entity Name

VENETIAN PARK RECREATION ASSOCIATION, INC.

Principal Place of Business

801 NE 25TH AVE
HALLANDALE FL 33009

Mailing Address

801 NE 25TH AVE
HALLANDALE FL 33009-2811

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

59-1769383

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

GOLDMAN, VICKI L
2308 NE 7 ST.
HALLANDALE FL 33209

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GOLDMAN, VICKI L | |
| STREET ADDRESS | 2308 NE 7 ST. | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | JOHNSTON, MILLAR | |
| STREET ADDRESS | 8932 N.E. 25TH AVE | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | RAEZ, ALEX | |
| STREET ADDRESS | 2216 NE 7TH ST | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CHIZEM, DAVID | |
| STREET ADDRESS | 2411 NE 9TH ST | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SENA, PHIL | |
| STREET ADDRESS | 2202 NE 11ST | |
| CITY-ST-ZIP | HALLANDALE FL 33009 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |
| 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 | | |

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 617, 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.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90117 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)