

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90156 025 ***158.75

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DOCUMENT # F02000000185

1. Entity Name
BUSINESS VENTURES & SOLUTIONS INC.



Principal Place of Business
**6726 3RD ST
JUPITER FL 33458**

Mailing Address
**6726 3RD ST
JUPITER FL 33458**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **11-3634616**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**THARPE, ANTHONY
6726 3RD ST.
JUPITER FL 33458**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PCD THARPE, ANTHONY	<input type="checkbox"/> Delete
STREET ADDRESS	6726 3RD ST	
CITY-ST-ZIP	JUPITER FL	
TITLE NAME	S THARPE, SHARIFOR	<input type="checkbox"/> Delete
STREET ADDRESS	6726 3RD ST	
CITY-ST-ZIP	JUPITER FL	
TITLE NAME	T THARPE, RASHIDE	<input type="checkbox"/> Delete
STREET ADDRESS	6726 3RD ST	
CITY-ST-ZIP	JUPITER FL	
TITLE NAME	VD BUCHANAN, JACQUELINE	<input type="checkbox"/> Delete
STREET ADDRESS	113-04-203 ST H	
CITY-ST-ZIP	ALBANS NY	
TITLE NAME	D JONES, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	6115 DENTON DR., STE 124	
CITY-ST-ZIP	DALLAS TX	
TITLE NAME	D PAUL, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	2015 DORCHESTER RD APT 10	
CITY-ST-ZIP	BROOKLYN NY	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8th 2003 (561) 741 7566

Date Daytime Phone #

CR2E034 (10/02)