

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H27658

1. Entity Name

VENTURE W CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90203 009 ***150.00

Principal Place of Business

2665 S. BAYSHORE DRIVE
SUITE 202
COCONUT GROVE FL 33133

Mailing Address

2665 S. BAYSHORE DRIVE
SUITE 202
COCONUT GROVE FL 33133-5402

940592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9400 S. Dadeland Blvd

3. Mailing Address

9400 S. Dadeland Blvd.

Suite, Apt., etc.

Suite 100

Suite, Apt., etc.

Suite 100

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2470763

Applied For

Not Applicable

Zip

Country

33156

Miami-Dade

Zip

Country

MIAMI-Dade

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

CAPRARO, FRANZ
2399 NE SECOND AVE.
MIAMI FL 33137

Name

Franz Capraro

Street Address (P.O. Box Number is Not Acceptable)

111 NE 1st St. 5th FL

City

MIAMI

FL

Zip Code

33132

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CAPRARO, FRANZ	
STREET ADDRESS	111 NE 1ST ST, 5TH FL	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOLFSON, LOUIS III	
STREET ADDRESS	2665 S BAYSHORE DR, 202	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Louis Wolfson III	
STREET ADDRESS	9400 S. Dadeland Blvd, #100	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00 305-854-1440