

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27575

1. Entity Name
VENTRIM, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90092 014 ***150.00

Principal Place of Business

~~10755 S.W. 72 STREET~~
MIAMI FL 33173

Mailing Address

~~10755 S.W. 72 STREET~~
MIAMI FL 33173

2. Principal Place of Business

7550 SW 57 AVE.

Suite, Apt. #, etc.

SUITE 211

City & State

S. MIAMI, FL

Zip

33143

Country

USA

3. Mailing Address

7550 SW 57 AVE

Suite, Apt. #, etc.

SUITE 211

City & State

S. MIAMI, FL

Zip

33143

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0101788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHARLIN, DAVID MICHAEL
10755 S.W. 72 STREET
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

HOWARD R. SCHARLIN

Street Address (Post Office Box Not Acceptable)

1399 SW 1 AVE.

4TH FLOOR

City

MIAMI

FL

Zip Code

33130

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

1/16/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FISHER, RANDALL C.	
STREET ADDRESS	7540 SW 114TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHARLIN, DAVID MICHAEL	
STREET ADDRESS	3635 BATTERSEA ROAD	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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

DAVID MICHAEL SCHARLIN

1/17/01

Date

386-268-1000

Daytime Phone #

CR2E034 (10/00)