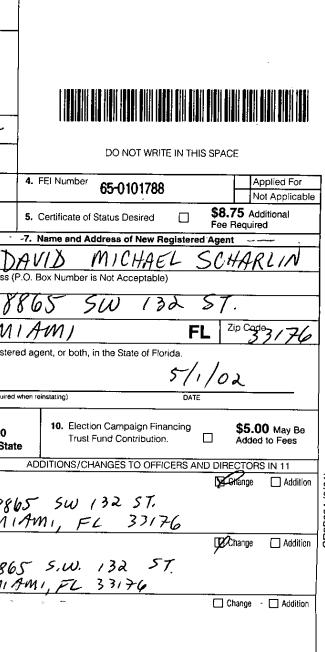
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** K27575 1. Entity Name VENTRIM, INC. Principal Place of Business Mailing Address 7550-SW-57AVE 7550-SW-57AVE SUITE: 211 SUITE-211 MIAMI-FL-33179-MJAMI-FL 33173 2. Principal Place of Business 50 3. Mailing Address SW 132 8865 132 ST Suite, Apt. #, etc. Suite, Apt. #, etc.

Name and Address of Current Registered Agent

City & State

May 29, 2002 8:00 am & Secretary of State **FILED**

05-29-2002 90689 007 ***150.00



| SCHARLIN, HOWARD R | | | | UAVID MICHAEL SUMAKLIN | | | | |
|--|--|---------------------------------|---|---|---|---|----------------------------|------|
| 1349 SW 1 AVE 4TH FLOOR MIAMI FL 33130 | | | Street Address (P.O. Box Number is Not Acceptable) 8865 5W 13A 57. | | | | | |
| | | | | | | | | City |
| | | | 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 | | <u>/</u> | | 5/1/02 | | | | |
| Signature, typed or printed name of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| | | | FEE IS \$150.00 | | 10. Election Campaign Financing | \$5.0 | 0 May Be | |
| | | Make Check Payable | fter May 1, 2002 Fee will be \$550.00 Check Payable to Department of State | | Trust Fund Contribution. | | to Fees | |
| 11. | OFFICERS AND DIRECTORS | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | S IN 11 | |
| TITLE | PD PANDALL C | ☐ Delete | TITLE | | | Change | Addition | |
| NAME STREET ADDRESS | FISHER, RANDALL C. 7 540 SW 114TH-S T | | NAME STREET ADDRESS | 8865 | SW 132 ST. | | | |
| CITY-ST-ZIP | MIAMIFL | | CITY-ST-ZIP | MIAN | SW 132 ST. NI, FL 37176 | | | |
| TITLE | PD | ☐ Delete | TITLE | | | Change | Addition | |
| NAME | SCHARLIN, DAVID MICHAEL | | NAME | 2000 | CW (2) 57 | 7 | | |
| STREET ADDRESS CITY-ST-ZIP | 3635-Battersea ro ad - Coconut Grove-F L | • | STREET ADDRESS CITY-ST-ZIP | 8865 | S.W. 132 ST. 1, FL 33176 | | | |
| TITLE | | ☐ Delete | TITLE | | 1,76 37176 | ☐ Change | - 🗆 Addition | |
| NAME | | | NAME | | | onange | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | <u>-</u> | | |
| TITLE NAME | | Delete | TITLE Name | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | <u> </u> | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME | | | | | |
| CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | - '- | | Change | ☐ Addition | |
| NAME | | | NAME | | | | _ | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADORESS | | | | | |
| | ertify that the information supplied with this | filing door not gualify for the | CITY-ST-ZIP | adia Cultura i | 40.07(0)(1).7(-1). | | | |
| indicated | ertify that the information supplied with this on this report or supplemental report is true | and accurate and that my | e exemption state signature shall ha | ed in Section 1 ave the same le | 19.07(3)(i), Florida Statutes. I further egal effect as if made under oath; that | certify that the in at I am an officer (| formation 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.

City & State