

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90045 028 ***150.00

DOCUMENT # K80671

1. Entity Name
VENUS HOLDINGS CORPORATION

Principal Place of Business
JEFFREY M. PERLOW
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

Mailing Address
JEFFREY M. PERLOW
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

2. Principal Place of Business
20801 Biscayne Boulevard

3. Mailing Address
20801 Biscayne Boulevard

Suite, Apt. #, etc.
Suite 505

Suite, Apt. #, etc.
Suite 505

City & State
Aventura, FL

City & State
Aventura, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. FEI Number **65-0113127**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

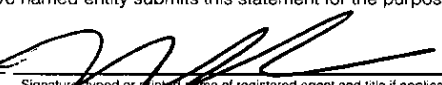
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLOW, JEFFREY M.
1820 E HALLANDALE BCH BLVD.
HALLANDALE FL 33009

Name **Jeffrey M. Perlow**
Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Boulevard, #505
City **Aventura** **FL** **Zip Code** **33180**

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  **3/5/02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **PICA, FRANCO**
STREET ADDRESS **2604 NE 10TH ST**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ **Delete**
NAME **PICA, MARCELLA**
STREET ADDRESS **2604 NE 10TH ST**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ **Delete**
NAME **PICA, MARLA**
STREET ADDRESS **2604 NE 10TH ST**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ **Delete**
NAME **PICA, ROMINA**
STREET ADDRESS **2604 NW 10TH ST**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ **Delete**
NAME **PICA, TANYA**
STREET ADDRESS **2601 NE 10TH ST**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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

MAR. 8/02 (416) 726 5082
Date Daytime Phone #

CR2E034 (9/01)