

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007717

1. Entity Name

VENTURE CAPITAL HOLDINGS LLC

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90200 020 \*\*\*\*50.00

Principal Place of Business

7400 N FEDERAL HWY  
 SUITE B-21  
 BOCA RATON FL 33487

Mailing Address

7400 N FEDERAL HWY  
 SUITE B-21  
 BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

651103487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Jason Koomen

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

7400 N. Fed. Hwy

Suite B-21

City Boca Raton

FL

Zip Code 33487

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

Jason L. Koomen

8/21/02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 CLEVELAND, DARREN  
 7400 N FEDERAL HWY SUITE B-21  
 BOCA RATON FL 33487 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MGRM  
 KORDICH, MICHAEL  
 7400 N FEDERAL HWY SUITE B-21  
 BOCA RATON FL 33487 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
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☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jason L. Koomen

8/21/02 561-982-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0010631

CR2E063 (4/02)