

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L42964

1. Corporation Name  
VENTURVEST REALTY CORPORATION

Principal Place of Business  
C/O VENTURVEST REALTY CORPORATION  
5979 NW 151ST ST., SUITE 240  
MIAMI LAKES FL 33014

Mailing Address  
C/O VENTURVEST REALTY CORPORATION  
5979 NW 151ST ST., SUITE 240  
MIAMI LAKES FL 33014

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90183 050 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/17/1990

4. FEI Number  
65-0170850

5. Certificate of Status Desired ☒ \$8.75 Additional  
- Fee Required

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 C/O Cushman & Wakefield  
Suite, Apt. #, etc.  
22 601 Brickell Key Dr #600  
City & State  
23 Miami FL  
Zip  
24 33131

2a. Mailing Address  
26 C/O Mark Gelsman  
Suite, Apt. #, etc.  
27 601 Brickell Key Dr #600  
City & State  
28 Miami FL  
Zip  
29 33131

9. Name and Address of Current Registered Agent

GILBERT, MARK  
5979 N.W. 151ST STREET, #240  
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE Mark Gelsman - President DATE 1/13/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILBERT, MARK A	
STREET ADDRESS	5979 N.W. 151ST STRET, #240	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SALZMAN, TERRY	
STREET ADDRESS	5979 N.W. 151ST STRET, #240	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0131304