## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # L42964** VENTURVEST REALTY CORPORATION 01-26-2001 90012 031 \*\*\*150.00 Principal Place of Business Mailing Address % CUSHMAN & WAKEFEIS % MARK GILBERT 601 BRICKELL KEY DR #600 601 BRICKELL KEY DR #600 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0170850 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILBERT, MARK Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR #600 MIAMI FL 33131 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GILBERT, MARK A NAME NAME 601 BRICKELL KEY DR #600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition SALIMAN TORY NAME SALZMAN, TERRY 800 Collins STREET ADDRESS STREET ADDRESS 5979 N.W. 151ST STRET, #240 元 3333/ Fr / Autoria CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE \_\_\_\_ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empoying the

SIGNATURE AND TYPED OR PRINTED NAME OF S GNING OFFICER OR DIRECTOR Daytime Phone #