

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L94-701**

1. Entity Name

**VENETIAN TRADERS L.L.C.**

**FILED**

**01 MAY 16 PM 3:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**900 RIVER REACH DR. #525  
FT. LAUDERDALE, FL 33315**

**900 RIVER REACH DR. #525  
FT. LAUDERDALE, FL 33315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0549260**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONAVIA FILIPPO MRS. H. #525  
900 RIVER REACH DR.  
FT. LAUDERDALE, FL 33315**

Name

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

City

**FL**

Zip Code

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)

DATE

**200004418652-4**

**-06/14/01--01003--001**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

**FILIPPO BONAVIA #525  
900 RIVER REACH DR. #525  
FT. LAUDERDALE, FL 33315**

☐ Delete

☐ 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:

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

Date

Daytime Phone #

**4/25/01**

CR2E083 (11/00)