

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0005493 AF

DOCUMENT # L99000004836

1. Entity Name
7301 VENTURE HOLDINGS, L.C.

00 MAY 19 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7301 N.W. 4TH STREET, SUITE 102
PLANTATION FL 33317-2234

Mailing Address
7301 N.W. 4TH STREET, SUITE 102
PLANTATION FL 33317-2234



2. Principal Place of Business

3. Mailing Address

641 Seneca Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Great Falls, VA

4. FEI Number

65-0954171

Applied For

Not Applicable

Zip

Country

Zip

22066

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNAN, DAVID F
7301 N.W. 4TH STREET, SUITE 102
PLANTATION FL 33317-2234

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HANNAN, DAVID F ESQ.
7301 N.W. 4TH STREET, SUITE 102
PLANTATION FL 33317-2234

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Robert Patron
641 Seneca Road
Great Falls, VA 22066

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Robert L. Patron

2/22/2000

954-581-9388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

(2/1) 3.0 CR