

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 26 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009175

1. Entity Name

VENTURE COMMUNICATIONS, L.C.

Principal Place of Business

9600 W. Sample Road
Suite 505
Coral Springs, FL 33065

Mailing Address

Same

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0969748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Bernard Bortnick
9600 W. Sample Road
Suite 505
Coral Springs, FL 33065

7. Name and Address of New Registered Agent

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

Bernard Bortnick

4/28/00

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

TITLE Member ☐ Delete
NAME Juan Ferrari MGR
STREET ADDRESS 9600 W. Sample Road Suite 505
CITY-ST-ZIP Coral Springs, FL 33065

TITLE Member ☐ Delete
NAME Hector Sanguinetti MGR
STREET ADDRESS 9600 W. Sample Road Suite 505
CITY-ST-ZIP Coral Springs, FL 33065

TITLE member-managing ☐ Delete
NAME Bernard Bortnick MGR
STREET ADDRESS 9600 W. Sample Road Suite 505
CITY-ST-ZIP Coral Springs, FL 33065

TITLE Member ☐ Delete
NAME Gustavo Catoni MGR
STREET ADDRESS 9600 W. Sample Road Suite 505
CITY-ST-ZIP Coral Springs, FL 33065

TITLE Member ☐ Delete
NAME Mabel Catoni Ryan MGR
STREET ADDRESS 9600 W. Sample Road Suite 505
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 OR MANAGER

B. Bortnick

Date

Daytime Phone #

4/28/00

974-755-9992

CR2E083 (11/99)