

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006819

1. Entity Name  
VENTIMIGLIA, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90054 027 \*\*\*158.75

Principal Place of Business

205 SW SIXTH STREET  
BOCA RATON FL 33432

Mailing Address

205 SW SIXTH STREET  
BOCA RATON FL 33432

C0038174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1225 WINTERWOOD, NE

3. Mailing Address

1225 WINTERWOOD, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRAND RAPIDS, MI

City & State

GRAND RAPIDS, MI

4. FEI Number

65-103922

Applied For

Not Applicable

Zip

Country

49525 USA

Zip

Country

49525 USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, JOSEPH E ATTY.  
70 SE FOURTH AVENUE  
DELRAY BEACH FL 33483

DE

Name

NANCY MARTIN LOPEZ

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

201 SW 6TH ST

City

BOCA RATON

FL

Zip Code

33432

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

NANCY MARTIN LOPEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE INCORPORATOR ☒ Delete  
NAME JOSEPH A. PORCENO, MD  
STREET ADDRESS 205 SW SIXTH STREET  
CITY-ST-ZIP BOCA RATON, FL 33432-5135

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME WILLIAM A. STEVENSON  
STREET ADDRESS 1225 WINTERWOOD, NE  
CITY-ST-ZIP GRAND RAPIDS, MI 49525

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME CLARE F. DAVIS  
STREET ADDRESS 354 3RD STREET  
CITY-ST-ZIP TROY, NY 12180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition  
NAME ROBERTA L. STEVENSON  
STREET ADDRESS 1225 WINTERWOOD, NE  
CITY-ST-ZIP GRAND RAPIDS, MI 49525

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER ☐ Change ☒ Addition  
NAME PEARL P. PETER  
STREET ADDRESS P.O. BOX 338  
CITY-ST-ZIP WINDHAM, NY 12416

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MARY JO MARTIN  
STREET ADDRESS 2400 SW 22ND AVENUE, APT. 504  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 empowered.

SIGNATURE: William A. Stevenson WILLIAM A. STEVENSON, 3/18/01 616 975-0795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
PRESIDENT

CR2E034 (10/00)