

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 002 ***150.00

DOCUMENT # P00000015976

1. Entity Name

Venture General Corp.



DO NOT WRITE IN THIS SPACE

11041549

2. Principal Place of Business
1565 North Park Drive

3. Mailing Address
1565 North Park Drive

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

DO NOT WRITE IN THIS SPACE

City & State
Weston, Florida

City & State
Weston, Florida

4. FEI Number 364347571

Applied For
Not Applicable

Zip Country
33326 USA

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33326 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Orlando Gomez

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

1565 North Park Drive, Suite 103

City Fort Lauderdale FL Zip Code 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Orlando Gomez

4-28-03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D Orlando Gomez
1565 North Park Drive, Suite 103
Weston, Florida 33326

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Orlando Gomez

04-28-03

954-772-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)