## 2001 UNIFORM BUSINESS REPORT (UBR)

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## Mar 12, 2001 8:00 am DOCUMENT # P00000026095 **Secretary of State** VENTURA TEC, INC. 03-12-2001 90031 044 \*\*\*150.00 Principal Place of Business Mailing Address 9500 N.W. 79TH AVE., BAY 11 9500 N.W. 79TH AVE., BAY 11 HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 031807 2. Principal Place of Business 3. Mailing Address 9500 NW 79 AUC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Boig 11 City & State 4. FEI Number Applied For diami. 65-0990440 Hialea Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same VENTURA, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 13122 S.W. 57TH TERRACE MIAMI FL 33183 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!!, FEE IS \$150.00 .10. Election Campaign Financing« \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 Vice-president TITLE ☐ Delete TITLE Yousi 5. Ventura NAME NAME Bigg SW 57 Terr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP △ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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