

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044913

1. Entity Name  
PHILSHIRE VENTURES, INC.

Principal Place of Business  
13876 S.W. 56TH STREET #314  
MIAMI FL 33175

Mailing Address  
13876 S.W. 56TH STREET #314  
MIAMI FL 33175

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

DECORT, DONALD P ESQ.  
106 S. TAMPA AVENUE  
SUITE 200  
TAMPA FL 33609

4. FEI Number

65-1007199

Applied For  
Not Applicable

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

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME ☐ Delete  
D COOK, RICHARD C  
STREET ADDRESS 13876 S.W. 56 STREET #314  
CITY-ST-ZIP MIAMI FL 33175

TITLE NAME ☐ Delete  
D DENNING, DAVID I  
STREET ADDRESS POST OFFICE BOX 17425  
CITY-ST-ZIP RED BANK TN

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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: Donaldecort Corporate Counsel / RA 9-10-01 874-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90008 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)