

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90113 045 ***158.75

DOCUMENT # P00000050414

1. Entity Name

A. VENTO ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

616 MOFFET ST.

Suite, Apt. #, etc.

#5

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Address

616 MOFFET ST

Suite, Apt. #, etc.

#5

City & State

HALLANDALE, FL

Zip

33009

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1006655

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARSENIO VENTO

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

616 MOFFET ST, #5

City

HALLANDALE

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

STREET ADDRESS

CITY - ST - ZIP

P/S, T
ARSENIO VENTO
616 MOFFET ST., #5
HALLANDALE, FL 33009

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/02 (954) 816-5843

CR2E034B (12/01)