2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050414

0679261 FP

1. Entity Name
A. VENTO ASSOCIATES INC.

Principal Place of Business	Mailing Address
616 MOFFEN STREET	616 MOFFEN STREET
STE 5	STE 5
HALLANDALE FL 33009	HALLANDALE FL 33009

2. Principal Place of Business
31 SW 15th ST.
Suite, Apt. #, etc.

3. Mailing Address
31 SW 15th ST.
Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number	65-1006655	Applied For
DANIA, FL	DANIA, FL			Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
33004	USA	33004	USA		

6. Name and Address of Current Registered Agent

VENTO, ARSENIO
616 MOFFET STREET NO 5
HALLANDALL FL 33009

7. Name and Address of New Registered Agent

Name VENTO, ARSENIO

Street Address (P.O. Box Number is Not Acceptable)
31 SW 15th ST.

City DANIA   FL   Zip Code 33004

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 ARSENIO VENTO,
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

5-15-03
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST NAME VENTO, ARSENIO STREET ADDRESS 616 MOFFED ST STE 5 CITY-ST-ZIP HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D, P, S/T ARSENIO VENTO 31 SW 15th ST DANIA, FL 33004	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARSENIO VENTO REQUIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-03
Date

(954) 816-5843
Daytime Phone #