

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91371 042 \*\*\*150.00

DP55000 AV

**DOCUMENT #** P00000055968

**1. Entity Name**  
ICHISAN VENTURES, INC.



**Principal Place of Business**  
~~4075 PONCE DE LEON BLVD., STE. 305~~  
~~CORAL GABLES FL 33146~~

**Mailing Address**  
~~4075 PONCE DE LEON BLVD., STE. 305~~  
~~CORAL GABLES FL 33146~~



**2. Principal Place of Business**  
2199 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
Suite 301

**3. Mailing Address**  
2199 Ponce de Leon Blvd  
Suite, Apt. #, etc.  
Suite 301

CHECK HERE IF MAKING CHANGES

**City & State**  
Coral Gables FL

**City & State**  
Coral Gables FL

**Zip**  
33134

**Country**  
USA

**Zip**  
33134

**Country**  
USA

**4. FEI Number** 65-1013995

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
STINSON, LOUIS JR.  
4075 PONCE DE LEON BLVD., STE. 305  
CORAL GABLES FL 33146

**7. Name and Address of New Registered Agent**  
Name: Stewart Agent Services  
Street Address (P.O. Box Number is Not Acceptable): 2199 Ponce de Leon Blvd  
Suite 301  
City: Coral Gables FL Zip Code: 33134

**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** *Louis Stinson* **manager** **DATE** 3/24/03

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

**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 Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS STINSON, LOUIS JR. 4675 PONCE DE LEON BLVD., STE. 305 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS Stinson, Louis Jr 2199 Ponce de Leon Blvd #301 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SKINNER, TRUMAN A 4675 PONCE DE LEON BLVD., STE. 305 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS. Skinner, Truman A 2199 Ponce de Leon Blvd #301 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEEPLES, L GRANT 200 SOUTH BISCAYNE BLVD #4900 MIAMI FL 33131-2310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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** *Louis Stinson* **REQUIRE** *3/24/03* *3/24/03*

CR2E034 (10/02)