

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

DOCUMENT # P00000055968

1. Entity Name
ICHISAN VENTURES, INC.



Principal Place of Business
~~4675 PONCE DE LEON BLVD., STE. 305~~
CORAL GABLES FL 33146

Mailing Address
~~4675 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

City & State
Coral Gables FL

Zip
33134

Country
USA

3. Mailing Address
2199 Ponce de Leon Blvd

Suite, Apt. #, etc.
Suite 301

City & State
Coral Gables FL

Zip
33134

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number *65-1013995*

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

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR.
~~4675 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 Jr*

manager

DATE *3/24/03*

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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDAS	<input type="checkbox"/> Delete
NAME	STINSON, LOUIS JR.	
STREET ADDRESS	4675 PONCE DE LEON BLVD., STE. 305	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SKINNER, TRUMAN A	
STREET ADDRESS	4675 PONCE DE LEON BLVD., STE. 305	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEEPLER, L. GRANT	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD #4900	
CITY-ST-ZIP	MIAMI FL 33131-2310	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stinson, Louis Jr	
STREET ADDRESS	2199 Ponce de Leon Blvd #301	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Skinner, Truman A	
STREET ADDRESS	2199 Ponce de Leon Blvd #301	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Jr*

DATE *3/24/03*

DATE *3/24/03*

CR2E034 (10/02)