## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P00000105947 VENTOS INTERNATIONAL INC. 05-16-2001 90228 020 \*\*\*150.00 Principal Place of Business Mailing Address 5420 NW 114 AVENUE, UNIT 104..... 5420 NW 114 AVENUE, UNIT 104 976831 MIAM! FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 114 DUE <u>5420 N.W.</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 104 City & State 4. FEI Number Applied For City & State Not Applicable 65-1055984 Mismi \$8.75 Additional Ζiρ Country Country Zip 5. Certificate of Status Desired DADe 33178 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VENTURA, OSCAR B Street Address (P.O. Box Number is Not Acceptable) 5420 NW 114 AVENUE, UNIT 104 **MIAMI FL 33178** Zip Code City 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, typed or printed name of registered agent and title if applicable. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 -Tax filing requirement and elects to do so: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Vice-President TITLE. □ Delete TITLE CARNED D. Almonte NAME VENTURA, OSCAR B NAME 7280 W. 30 AVE. STREET ADDRESS 5420 NW 114 AVENUE, UNIT 104 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Hiblesh F! 3304 **MIAMI FL 33178** ☐ Change ☐ Addition Vice President ☐ Defete TITLE TITLE CARMED D. Almoute NAME NAME 7280 W. 300. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Hiblesh, F! ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE. . Dejete\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

305-790-7759