

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90089 029 ***150.00

DOCUMENT # P01000020441

1. Entity Name
THE VENMAR GROUP, INC.



Principal Place of Business
10624 SW 118 PL
MIAMI FL 33186

Mailing Address
10624 SW 118 PL
MIAMI FL 33186

2. Principal Place of Business
21975 S.W. 125 Ave
Suite, Apt. #, etc.

3. Mailing Address
21975 SW 125 Ave
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
59-3709104

Applied For

Not Applicable

Zip
33170

Country
MIAMI-DADE

Zip
33170

Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

MELENDEZ-VENTO, MARCIA
114 BOYCE DR.
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name

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

21975 SW 125 Ave

City
MIAMI

FL

Zip Code
33170

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ **Delete**
NAME
MELENDEZ-VENTO, MARCIA
STREET ADDRESS
10624 SW 118 PL
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D ☐ **Delete**
NAME
VENTO, ROBERT A SR.
STREET ADDRESS
10624 SW 118 PL
CITY-ST-ZIP
MIAMI FL 33186

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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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: *Marcia Mendez-Vento* **DATE:** *4/1/03* **DAYTIME PHONE #:** *305-258-6167*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)