

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90283 008 ***150.00

DOCUMENT # P01000038470

1. Entity Name

OCCASIONS BY VENICHELE, INCORPORATED

Principal Place of Business

Mailing Address

**4501 NW 202 ST
 CORAL CITY FL 33173**

**4501 NW 202 ST
 CORAL CITY FL 33173**

2. Principal Place of Business

3. Mailing Address

4501 NW 202 Street

4501 NW 202 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAROL CITY, FL

City & State

CAROL CITY, FL

4. FEI Number

65-1103117

Applied For

Not Applicable

Zip

33055

Country

USA

Zip

33055

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKENZIE, FAITH

4501 NW 202 ST

CORAL CITY FL 33173

Name

Faith V. Pearson-McKenzie

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

4501 NW 202 Street

City

CAROL CITY

FL

Zip Code
33055

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P/T/S/D
Faith Pearson-McKenzie
4501 NW 202 Street, Carol City, FL
33055

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
Michele T. Lutas
6401 SW 195 Ave, Pembroke Pines, FL
33332

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Faith V. Pearson-McKenzie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

(305) 582-7415
 Daytime Phone #

0344231 SP

CR2E034 (9/01)