

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90730 003 ***158.75

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DOCUMENT # P01000038470

1. Entity Name

OCCASIONS BY VENICHELE, INCORPORATED



Principal Place of Business

4501 NW 202 ST
CAROL CITY FL 33055
US

Mailing Address

4501 NW 202 ST
CAROL CITY FL 33055
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1103117

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEARSON-MCKENZIE, FAITH V
4501 NW 202 ST
CAROL CITY FL 33055

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME PTSD
NAME PEARSON-MCKENZIE, FAITH
STREET ADDRESS 4501 NW 202 STREET
CITY-ST-ZIP CAROL CITY FL 33055 ☐ Delete

TITLE NAME V
NAME LUTAS, MICHELE T
STREET ADDRESS 6401 SW 195 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33332 ☒ Delete

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Faith V. Pearson-Mckenzie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03
Date

305-522-7415
Daytime Phone #

CR2E034 (10/02)