


FILED

03 SEP 24 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045447		
1. Entity Name VENUS SERVICES, INC.		

Principal Place of Business 19451 SHERIDAN STREET PEMBROKE PINES, FL 33332	Mailing Address 19451 SHERIDAN STREET PEMBROKE PINES, FL 33332
--	--

~~03/24/03--01020--001 \*\$350.00~~

2. Principal Place of Business 150 ARVIDA PARKWAY SUITE # 4 WESTON, FLORIDA 33326 USA	3. Mailing Address 150 ARVIDA PARKWAY SUITE # 4 WESTON, FLORIDA 33326 USA
--	--



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent LUKIN, EZEQUIEL 9536 NW 8 CIRCLE PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

4. FEI Number 65-1099641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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: EZEQUIEL LUKIN, PRESIDENT DATE: \_\_\_\_\_  
(NOTE: Registered Agent's signature (waived when missing))

FILE NOW WITH FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$81.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	PRES LUKIN, EZEQUIEL D PRES 9536 NW 8 TH CIRCLE PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000023301810 03/24/03--01020--001 *\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE: EZEQUIEL LUKIN DATE: (954)667-1850  
SIGNATURE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH250 (03/02)