

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

02-13-2002 90231 030 ***150.00
 07-16-2002 90350 031 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000088816

1. Entity Name
ELLEN M. VENTURES, INC.

Principal Place of Business
 8260 SW 94TH ST.
 MIAMI FL 33156

Mailing Address
 8260 SW 94TH ST.
 MIAMI FL 33156

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

65-1145486

Applied For

Not Applicable

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

PYEATT, ELLEN M
8260 SW 94TH ST.
MIAMI FL 33156

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 President
 Ellen M. Pyeatt
 8260 SW 94 St
 Miami, FL 33156-7304

☐ Delete

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

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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: ELLEN M. PYEATT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-09-02 305-2743518

Date

Daytime Phone #

CR2E034 (4/02)

Ellen M. Ventures Inc.

8260 SW 94 St.

Miami, FL 33156-7304

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

Attachment

#PO1000088816
120469

TO: FILING UNIT
DATE: 05/11/00

~~To whom it may concern:~~

This is the first notice our corporation has recieved.

Thank you,
Ellen M. Pyeatt President
Ellen M. Ventures Inc.
Ellen M. Pyeatt