

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90049 040 ***150.00

DOCUMENT # P01000109380

1. Entity Name
VENTURE ASC, INC.

Principal Place of Business
16853 N.E. 2ND AVE STE 400
NORTH MIAMI BEACH FL 33162

Mailing Address
16853 N.E. 2ND AVE STE 400
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEJ Number

62-1648269

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MENKHAUS, DAVID J
2424 NORTH FEDERAL HWY STE 160
BOCA RATON FL 33431

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.

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	D	<input type="checkbox"/> Delete
NAME	ISKANDARANI, MARWAN M.D.	
STREET ADDRESS	16853 N.E. 2ND AVE STE 400	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marc Carp	
STREET ADDRESS	16853 N.E. 2nd Ave #400	
CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Bloom	
STREET ADDRESS	16853 N.E. 2nd Ave #400	
CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isaac Bassany	
STREET ADDRESS	16853 N.E. 2nd Ave #400	
CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Milton Qedallaich	
STREET ADDRESS	16853 N.E. 2nd Ave #400	
CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Souaid	
STREET ADDRESS	16853 N.E. 2nd Ave	
CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)