# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 30, 2003 8:00 am**
**Secretary of State**
01-30-2003 90118 025 ***150.00

DOCUMENT # P02000008200

1. Entity Name
Grand Venetian Venture, Inc.

**DO NOT WRITE IN THIS SPACE**

10016123

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 777 Brickell Avenue | 777 Brickell Avenue |
| Suite, Apt. #, etc. Suite 1070 | Suite, Apt. #, etc. Suite 1070 |
| City & State Miami, Florida | City & State Miami, Florida |
| Zip 33131 Country USA | Zip 33131 Country USA |

4. FEI Number 68-0490819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Louis R. Montello

Street Address (P.O. Box Number is Not Acceptable): 777 Brickell Avenue, Suite 1070

City: Miami **FL** Zip Code: 33131

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 _____ 1/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | |
|---|---|
| TITLE | D P |
| NAME | Zoltan Raffai |
| STREET ADDRESS | 777 Brickell Avenue, Suite 1070 |
| CITY-ST-ZIP | Miami, FL 33131 |
| TITLE | D V T S |
| NAME | Zoltan Raffai, Jr. |
| STREET ADDRESS | 777 Brickell Avenue, Suite 1070 |
| CITY-ST-ZIP | Miami, FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Zoltan Raffai, Jr. 1/21/03 (305) 531-4713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #