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

## P02000019297 DOCUMENT #

1. Entity Namé

HOVSE OF VENTVRA, INC.



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90821 001 \*\*\*\*88.75 03-31-2003 90821 002 \*\*\*\*61.25

**FILED** 

Principal Place of Business 1900 NE 8 CT. STE 203 FT LAUDERDALE FL 33304

Mailing Address 1900 NE 8 CT. STE 203

FT LAUDERDALE FL 33304



FI-CHECK HERE IF MAKING CHANGES 4. EEI Number 000 4482 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTE, DAVID Street Address (P.O. Box Number is Not Acceptable) 1900 NE 8 CT, STE 203 FT LAUDERDALE FL 33304 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE\_NOW!!!\_FEE\_IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS	D Delete PORTE, DAVID 1900 NE 8 CT, STE 203 FT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Borte David   Change   Addition   4812 Westynsky ST Unit Hill   Hellyweed Fl 33001
	D Delete VENTURA, NIYOLI 525 NE 23 ST #2 WILTON MANORS FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change Addition Venture Niveli Life Washington ST. Unit 141 Hollywal Fl. 33001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete - ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE 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 of the corporation or the receiver or trustee emps changed, or on an attachment with an address, v

SIGNATURE:

CR2E034 (10/02)