

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90135 050 \*\*\*150.00

DOCUMENT # P02000020865

1. Entity Name  
VENTANA PARTNERS, INC.



Principal Place of Business  
ONE NORTH CLEMATIS ST., STE. 305  
WEST PALM BEACH FL 33401

Mailing Address  
ONE NORTH CLEMATIS ST., STE. 305  
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number  
81-0549561

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J ESQ  
ONE NORTH CLEMATIS ST., STE. 305  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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]* DATE 2/25/03

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**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PRESTON, JOHN W.S. ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BERNICK, LARRY ONE NORTH CLEMATIS ST., STE. 305 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GREEN, ROBERT S 2851 JOHN ST., STE. 1, MARKHAM ONTARIO L3R 5R7 CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Preston, John W.S. One North Clematis Street, Suite 305 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hamilton, Tom One North Clematis Street, Suite 305 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Green, Robert S. 2851 John Street, Suite One Markham, Ontario L3R 5R7 Canada
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"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *[Signature]* By **Ventana Partners, Inc.** 2-25-03 561-835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)