

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 023 ***150.00

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DOCUMENT # P02000092705

1. Entity/Name
VENYESA IMPORT & EXPORT, CORP.



Principal Place of Business
780 NW 42 AVENUE
SUITE 420
MIAMI FL 33126

Mailing Address
780 NW 42 AVENUE
SUITE 420
MIAMI FL 33126

2. Principal Place of Business
2420 W. 80th STREET

3. Mailing Address
2420 W. 80th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY # 5

BAY # 5

City & State

City & State

HIALEAH, FLORIDA

HIALEAH, FLORIDA

Zip

Country

Zip

Country

33016

USA

33016

USA

4. FEI Number

06-1647555

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

MAZZA-MARTINEZ, TANIA A MS.
780 NW 42 AVENUE
SUITE 420
MIAMI FL 33126

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YULIANO, CARLOS
780 NW 42 AVENUE #420
MIAMI FL 33126 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DE FRANCESCO, MARIO
780 NW 42 AVENUE #420
MIAMI FL 33126 ☐ Delete

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

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☐ 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 changed, or on an attachment with an address with all other filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)