

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90095 039 ***150.00

DOCUMENT # P02000103391

1. Entity Name
VENICE, INC.



Principal Place of Business
**5520 E. GIDDENS AVE
TAMPA, FL 33610**

Mailing Address
**5520 E. GIDDENS AVE
TAMPA, FL 33610**

30007162

2. Principal Place of Business
2294 S. TAMiami TR
Suite, Apt. #, etc.

3. Mailing Address
2294 S. TAMiami TR
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
VENICE, FL
Zip
34293 Country
USA

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VENICE, FL
Zip
34293 Country
USA

4. FEI Number
51-0431366 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAAD, YASIN
6215 S. QUEENSWAY DR.
TAMPA, FL 33617**

7. Name and Address of New Registered Agent

Name **AMJAD HAMED**
Street Address (P.O. Box Number is Not Acceptable)
3192 FESTIVALE DRIVE
City **MARGATE** FL Zip Code **33063**

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 **Amjad Hamed** **AMJAD HAMED** **4/7/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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

TITLE **D** ☒ Delete
NAME **SAAD, YASIN**
STREET ADDRESS **6215 S. QUEENSWAY DR.**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **P, VP** ☒ Delete
NAME **SAAD, YASIN**
STREET ADDRESS **6215 S. QUEENSWAY DR.**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **S, T** ☒ Delete
NAME **SAAD, YASIN**
STREET ADDRESS **6215 S. QUEENSWAY DR.**
CITY-ST-ZIP **TAMPA, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, VP, S, T** ☒ Change ☐ Addition
NAME **HAMED, AMJAD**
STREET ADDRESS **3192 FESTIVALE DR**
CITY-ST-ZIP **MARGATE, FL 33063**

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

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

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

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: **Amjad Hamed** **AMJAD HAMED** **4/7/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)