

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015209

1. Entity Name

VENICE ENTERPRISES INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90204 031 ***150.00

Principal Place of Business

C/O SHERWOOD
 PO BOX 1557
 FORT LAUDERDALE FL 33302-1557
 US

Mailing Address

C/O SHERWOOD
 P O BOX 1557
 FORT LAUDERDALE FL 33302-1557
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O SHERWOOD
 648 LAKE BLVD
 WESTON, FL
 33326
 USA

3. Mailing Address

C/O SHERWOOD
 648 LAKE BLVD
 WESTON, FL
 33326
 USA

4. FEI Number 65-0471164

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

SHERWOOD, PAMELA
 648 LAKE BLVD.
 FT. LAUDERDALE FL 33326
 WESTON

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHERWOOD, PAMELA	
STREET ADDRESS	648 LAKE BLVD.	
CITY-ST-ZIP	WESTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORTCH, CLAIRE	
STREET ADDRESS	754 SAN RENO DR	
CITY-ST-ZIP	WESTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP 33326	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ZIP 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)