

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90108 050 ***150.00

0242278

DOCUMENT # P94000030188

1. Entity Name

VENICE SALES & INVESTMENTS INC.

Principal Place of Business

**70 ISLE OF VENICE
 SUITE D
 FT. LAUDERDALE FL 33301**

Mailing Address

**70 ISLE OF VENICE
 SUITE D
 FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3409 N.W. 9TH AVE

3. Mailing Address

76 ISLE OF VENICE

Suite, Apt. #, etc.

SUITE 1105

Suite, Apt. #, etc.

SUITE D

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33309

Country

US

Zip

33301

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0483045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIORGIO, TONY
 76 ISLE OF VENICE
 SUITE D
 FT. LAUDERDALE FL 33301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03/25/01

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, 2001 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

TITLE **P** ☐ Delete
 NAME **GIORGIO, A.T.**
 STREET ADDRESS **76 ISLE OF VENICE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 #

954
524-9144
03/25/01
A.T. GIORGIO

CR2E034 (10/00)