

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90052 036 ***150.00

DOCUMENT # P94000041972

1. Entity Name
VENUZ SUPPLY, INC.

Principal Place of Business

141 CRANDON BLVD.
 STE 337
 KEY BISCAIYNE FL 33149
 US

Mailing Address

141 CRANDON BLVD.
 STE 337
 KEY BISCAIYNE FL 33149
 US

2. Principal Place of Business

575 Crandon Blvd

Suite, Apt. #, etc.
 305

City & State
 Key Biscayne FL

Zip
 33149

Country
 USA

3. Mailing Address

575 Crandon Blvd

Suite, Apt. #, etc.
 305

City & State
 Key Biscayne FL

Zip
 33149

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0495781**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANTONINI, ALEJANDRO
141 CRANDON BLVD.
STE 337
KEY BISCAIYNE FL 33149

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	ANTONINI, ALEJANDRO	
STREET ADDRESS	141 CRANDON BLVD STE 337	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	REGNAULT, JACQUELINE	
STREET ADDRESS	141 CRANDON BLVD STE 337	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: **ALEJANDRO ANTONINI** 5/15/01 786-2476616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)