2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am § Secretary of State P94000041972 DOCUMENT # 1. Entity Name VENUZ SUPPLY, INC. 05-28-2002 91788 025 ***150.00 Principal Place of Business Mailing Address 575 CRANDON BLVD 575 CRANDON BLVD 305 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0495781 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ___ Name ANTONINI, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 141 CRANDON BLVD. **STE 337 KEY BISCAYNE FL 33149** City KEY BISCAYNE 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ANTONINI, ALEJANDRO NAME NAME 575 CRANSON BIND #305 141 CRANDON BLVD STE 337 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL. 33149 TITLE Delete TITLE ☐ Addition REGNAULT, JACQUELINE NAME NAME 575 CRANSON BIND # 305 141 CRANDON BLVD STE 337 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL - 33/49 □ .Doloto :-Change TITLE TiTi F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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. DIRECTOR PRES. Date Daytime Phone + SIGNATURE: :

CITY-ST-ZIP

CITY-ST-ZIP