

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048136

1. Entity Name

VENTURE IMPORTED PRODUCTS, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90038 003 \*\*\*150.00

Principal Place of Business

3161 COASTAL HWY  
CRAWFORDVILLE FL 32327  
US

Mailing Address

287 TRICE LN.  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3016 CRAWFORDVILLE HWY  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CRAWFORDVILLE FL

City & State

4. FEI Number

65-0501766

Applied For

Not Applicable

Zip

32326

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COTES, NICOLAS E  
287 TRICE LN  
CRAWFORDVILLE FL 32327

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, 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, 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 **COTES, NICOLAS**  
STREET ADDRESS **12062 SOUTHWEST 117 COURT, SUITE 113**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **V** ☐ Delete  
NAME **OROZCO, GUILHERMO**  
STREET ADDRESS **3161 COASTAL HWY**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE **S** ☐ Delete  
NAME **COTES, E**  
STREET ADDRESS **287 TRICE LANE**  
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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

Nicolas Cotes

03-26-01

Date

850-926-1300

Daytime Phone #

CR2E034 (10/00)