

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 012 ***150.00

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DOCUMENT # P94000048136

1. Entity Name

VENTURE IMPORTED PRODUCTS, INC.



Principal Place of Business

3016 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32326
US

Mailing Address

287 TRICE LN.
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

103 MARIE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CRAWFORDVILLE, FL.

4. FEI Number

65-0501766

Applied For

Not Applicable

Zip

Country

Zip

Country

32327

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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
COTES, NICOLAS E.

Street Address (P.O. Box Number is Not Acceptable)

103 MARIE CIRCLE

City
CRAWFORDVILLE

FL

Zip Code
32327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-03



FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
OROZCO, GUILERMO
3161 COASTAL HWY
CRAWFORDVILLE FL 32327

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-28-03 850-926-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)