

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005246

1. Entity Name

VENTAR, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90146 048 \*\*\*150.00

Principal Place of Business

618 85TH STREET  
#1  
MIAMI BEACH FL 33141

Mailing Address

618 85TH STREET  
#1  
MIAMI BEACH FL 33141-1129

2. Principal Place of Business

8920 SW 142ND ST.  
Suite, Apt. #, etc.

3. Mailing Address

8920 SW 142ND ST.  
Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33176

Country  
DADE

City & State  
MIAMI, FL

Zip  
33176

Country  
DADE

4. FEI Number

65-0548360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TARUD, MAYRA  
618 85TH STREET  
#1  
MIAMI BEACH FL 33141

Name

MAYRA F. VENEGAS

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

8920 SW 142ND ST

City  
MIAMI, FL

FL

Zip Code  
33176

I, the above named entity, do hereby certify that the information furnished herein is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

MAYRA F. VENEGAS

MAYRA F. Venegas 4/12/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D TARUD, MAYRA 618 85TH STREET #1 MIAMI FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARUD, ALBERTO 618 85TH STREET #1 MIAMI FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENEGAS, MAYRA 8920 SW 142ND ST MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8920 SW 142ND ST MIAMI, FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)