

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060951

1. Entity Name

SUCCESSFUL VENTURES, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90060 028 \*\*\*150.00

Principal Place of Business

Mailing Address

801 ARTHUR GODFREY ROAD  
SUITE 800  
MIAMI BEACH FL 33140

801 ARTHUR GODFREY RD  
STE 800  
MIAMI BEACH FL 33140-3329  
US

2. Principal Place of Business

45 S.W. 19TH RD.  
Suite, Apt. #, etc.

3. Mailing Address

45 S.W. 19TH ROAD  
Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0609919

Applied For

Not Applicable

Zip

33129

Country

DADE

Zip

33129

Country

DADE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.  
ONE BISCAYNE TOWER  
SUITE 3550, TWO SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: ILIANA C. MILLER

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

45 S.W. 19TH ROAD

City

MIAMI

FL

Zip Code

33129

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/00

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

T  
NAME: MILLER, ILIANA C  
STREET ADDRESS: 3341 SW 31 ST  
CITY-ST-ZIP: FT LAUDERDALE FL 33312

☐ Delete

D  
NAME: HOUT, DOANLD  
STREET ADDRESS: P.O. BOX 421331  
CITY-ST-ZIP: ATLANTA GA 30342-8331

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

Daytime Phone #