

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/9/00-90077-039-\$150.00-\$150.00 *ppp/ol*

**DOCUMENT # P95000065688**

FILED

00 SEP 25 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**VENUS MEDICAL SERVICE CORP.**

Principal Place of Business  
7821 S.W. 24TH ST.  
STE. 129  
MIAMI FL 33155  
US

Mailing Address  
P.O. BOX 832134  
MIAMI FL 33183  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0605955**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOLL, ISRAEL**  
11605 S.W. 98 PL.  
MIAMI FL 33176

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOLL, ISRAEL</b>	
STREET ADDRESS	<b>11605 S.W. 98 PL.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>VAZQUEZ, REYSELDA</b>	
STREET ADDRESS	<b>11605 S.W. 98 PL.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of trust funds 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

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To: Whom it may Concern

From: Venus Medical Service

We send a check for \$150.00 in the first notice and the check lost in the mail, when we receive the second notice, we called and spoke with a representative and he said no problem send immediately a new check for \$150.00 and had state that he made the connection.

Now we receive the letter that said a balance for \$400.00

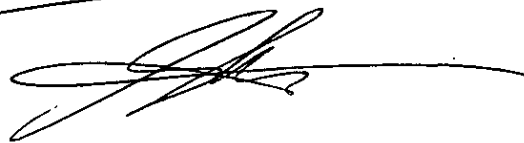
Please check and send to me a letter explain what is going on.

Any question should be referred to

(305) 335-1202

Enclose is a <sup>copy of</sup> check that we send before

Thanks



(We never receive any payment late)