FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 92203 023 ***150.00

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 592.7 VINTAGE OAKS CIR 592.7 VINTAGE OAKS CIR Suite Age, 16. County Suite, Akt. 16. County Suite, Akt. 16. County DD NOT WRITE IN THIS SPACE City & State DD NOT WRITE IN THIS SPACE City & State DD NOT WRITE IN THIS SPACE City & State DD NOT WRITE IN THIS SPACE County DD NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE The above cannot ently submits this allatement for the purpose of champing its regulatered diffice or registered agent, or both, in the State of Florida I ann familiar with, and accept the oMignitions of registered agent. 8. The above cannot ently submits this allatement for the purpose of champing its regulatered Agent Agent as required agent, or both, in the State of Florida I ann familiar with, and accept the oMignitions of registered agent. 8. SEANATURE Supplies Space or printed refine of registered agent and did if applications. Make Chack Payable to Product a Department of State Make Chack Payable to Product a Department of State DO FREEDRAM DO FRE	I	MENT # P95000082	2325	<u> </u>		•	·		05-05-200	-)23 *	
2. Principal Place of Business 592.7 VINTAGE OAKS CIR 592.7 VINTAGE OAKS CIR Suite, Apt 4, etc. City & State	1. Entity Name VENTURA MANAGEMENT, INC.											
2. Principal Place of Business 592.7 VINTAGE OAKS CIR 592.7 VINTAGE OAKS CIR Suite, Apt 4, etc. City & State				<u> </u>		V	/ 					
Sulfe, Apt 8, etc. City & State DELIRAY BCH DELIRAY B		DO NOT WRITE	IN 1	THIS SPACI	E , 1				•			
Sulfe, Apt 8, etc. City & State DELIRAY BCH DELIRAY B				₩.								
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Do NOT WRITE IN THIS SPACE	2. Principal F	Place of Business	3. N	Mailing Address		<u>.</u>	<u></u>	-				
City & State DELRAY BCH DELRAY BC					GE O	<u>AKS</u>	CIR	-				
DELRAY BCH Zip	Suite, Apt.	#, etc.		suite, Apt. #, etc.		.,			DO NOT WRITE	E IN THIS S	PACE	
DO NOT WRITE IN THIS SPACE T. Assessment of Startus Desired Sept.					4			•			T	<u> </u>
DO NOT WRITE IN THIS SPACE Park Do Not write	Zip	Country	Z	ip	Counti	у					8.75	
BIALO, WALTER Street Address (PO. Box Number is Not Acceptable) Sept. Address (PO. Box Number is Not Acceptable) Signature (PO. Box Number is Not Acceptable) Address (PO. Box Number is Not Acceptable) Signature (PO. Box Number is Not Acceptable) Signature (PO. Box Number is Not Acceptable) Address (PO. Box Number is Not Acceptable) Signature (PO. Box Number is Not Acceptable) Address (PO. Box Number is Not Acceptable) Signature (PO. Box Number is Not Acceptable) Address (PO. Box Number is Not Acceptable) Signature (PO. Bo	FL 3348				private contract	T.	7					
Sireer Address (PO. Box Number is NOT Acceptable) Size Address (PO. Box Number is NOT Acceptable) Size Code City DELRAY BCH FL Signature Signature Signature Signature Signature, typed or primar name of registered agent. SIGNATURE Signature, typed or primar name of registered agent and sitils if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1- May 1 Fee is \$150.00 After May 1, Fee is \$550.00 BIALO , WALTER NWE BIALO		DO NOT WANTE IN T		DFACE"	***					registered	Agoni	• • • • • • • • • • • • • • • • • • • •
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signifurs, bode or printed riems of registered agent and title if applicable. Signifurs and accept the obligations of registered agent and title if applicable. NOTE: Registered Agent algorithms required when reinstating) DATE JANUARY May 1, fee is \$580.00 Amended UBR is \$61.29 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE BTD. WINE BTALO, WALTER STREET ADDRESS 59.27 VINTAGE OAKS CIR STREET ADDRESS GIY- \$1.2P MARE BTALO, KENNETH MARE BTALO, KENNETH MARE BTALO, KENNETH MARE STREET ADDRESS GIY- \$1.2P LARCHMONT NY 10538 GIY- \$1.2P TITLE SD. WINE STREET ADDRESS GIY- \$1.2P TITLE SD. WINE STREET ADDRESS GIY- \$1.2P TITLE MARE STREET ADDRESS GIY- \$1		•		•		Street	Address	(P.O.	Box Number is Not Acceptat	ile)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature 1- May 1 Fee is \$150.00 After May 1, Fee is \$150.00		ŧ				592	<u>/ VI</u>	NTI	AGE OAKS CIR			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature 1- May 1 Fee is \$150.00 After May 1, Fee is \$150.00						City					Zin C	odo
SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Anter May 1, Fee Is \$550.00 And the Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE PTD NAME BTALO, WALTER STREET ADDRESS 59 27 VINTAGE OAKS CIR STREET ADDRESS 60TY-51-2IP NAME BIALO, KENNETH NAME BIALO, KENNETH NAME BIALO, KENNETH NAME BIALO-RUSSO, SHERYL STREET ADDRESS CITY-51-2IP TITLE NAME BIALO-RUSSO, SHERYL STREET ADDRESS CITY-51-2IP TITLE NAME STREET ADDRESS CITY-51-2IP TITLE NAM						DEL					<u>33</u>	484
SIGNATURE Signisture. typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when reinstating) DATE				e purpose of chang	jing its re	gistered o	office or r	egist e i	red agent, or both, in the Sta	te of Florida	. I am f	amiliar with,
Signature, Viped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	u 0000p	A the deligations of registered agent.				;						
January 1- May 1 Fee Is \$150.00		Signature, typed or printed name of regis	tored and	ent and title if applica	ble (NOTE: Re	nistered Ar	nent sig	nature required when reinstating		DATE	
Amended UBR is \$81.25 Make Check Payable to Florida Department of State 10.			reien año	ark and title it applica	. (NOTE. NO	Alsteled V	Jour 219		-		
10. OFFICERS AND DIRECTORS ITHE BIALO, WALTER STREET ADDRESS CITY-ST-ZPP DELRAY BCH, FL 33484 CITY-ST-ZPP DELRAY BCH, FL 33484 CITY-ST-ZPP TITLE NAME BIALO, KENNETH STREET ADDRESS CITY-ST-ZPP TITLE SD LARCHMONT NY 10538 CITY-ST-ZPP TITLE NAME STREET ADDRESS CIT		Amended UBR is \$61.25	State									
NAME STREET ADDRESS S 5 92 7 VINTAGE OAKS CIR STREET ADDRESS S 7 27 VINTAGE OAKS CIR STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY - ST - 2IP TITLE NAME STREET AD		OFFICERS AND D		ORS	::		2					
STREET ADDRESS CITY - ST - ZIP DELRAY BCH, FL 33484 CITY - ST - ZIP DELRAY BCH, FL 33484 CITY - ST - ZIP NAME BIALO, KENNETH STREET ADDRESS CITY - ST - ZIP TITLE SD LARCHMONT NY 10538 CITY - ST - ZIP TITLE SD LARCHMONT NY 10538 CITY - ST - ZIP TITLE NAME BIALO-RUSSO, SHERYL STREET ADDRESS CITY - ST - ZIP TITLE NAME ST							. ~					
CITY-ST-ZIP DELRAY BCH, FL 33484 CITY-ST-ZIP TITLE VPD MME BIALO, KENNETH STREET ADDRESS 24 ELM AVENUE STREET ADDRESS CITY-ST-ZIP TITLE NAME BIALO-RUSSO, SHERYL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TI		5927 VINTAGE OA	.KS	CIR			s	* ; 3 · · · · ·	•			
NAME STREET ADDRESS CITY - ST - ZIP LARCHMONT NY 10538 TITLE NAME BIALO-RUSSO, SHERYL STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - Z	CITY - ST - ZIP	DELRAY BCH, FL			CITY	- ST - ZIP						
STREET ADDRESS CITY -ST -ZIP TITLE NAME BIALO-RUSSO, SHERYL STREET ADDRESS CITY -ST -ZIP TITLE NAME STREET ADDRESS CITY -ST -Z				•					* * * * * * * * * * * * * * * * * * * *			***
TITLE NAME BIALO-RUSSO, SHERYL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with This-Billion 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 of supplemental report is rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation of the receiver or histore emplowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE:					1		is		The state of the s			
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADD	CITY - ST - ZIP		<u>538</u>		CITY	- ST - ZIP						
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STR			 ERY	T.	w Principle	TOWN AS THE PROPERTY AND	8 N - 28-22-20	والمناسبة				,
TITLE NAME STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with Tris-filling 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 of 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 emplowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all-other like empowered. SIGNATURE: SIGNATURE: 50. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1		100 OLD STONOVA	$_{ m LL}$				s	_		ere seemant e		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with the filling 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 of 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 emplowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. SIGNATURE: 561-638-4875		EASTON CO 06612			_	****	+	L	DO NOT WRITE II	THIS	SPA	CE
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an apachorient with an address, with all other like empowered. SIGNATURE: SIGNATURE:									ν.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: 561-638-4875			•		1 .		s					
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE:						- '	+		<u> </u>			<u>* </u>
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. SIGNATURE: 561-638-4875						,	1	٠.	,			
TITLE NAME STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. SIGNATURE: 561-638-4875							s		1	-		•
NAME STREET ADDRESS CITY - ST - ZIP 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: NAME STREET ADDRESS CITY - ST - ZIP										<u></u>		
STREET ADDRESS CITY - ST - ZIP 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 of 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE: STREET ADDRESS CITY - ST - ZIP 19. (19. Florida Statutes.) I further certify that the information indicated on this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.		_			1				e e e e e e e e e e e e e e e e e e e			
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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. SIGNATURE: 561-638-4875	-	,					is	ż				
information indicated on this report of 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.		<u> </u>					1					
an officer or director of the corporation or the receiver or trustee emplowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.	information	n indicated on this report of supplem	ental re	epon is true and ac	curate ar	nd that my	y signatur	e shal	Il have the same legal effect	as if made ι	ınder o	ath; that I am
SIGNATURE: 561-638-4875	an officer of	or director of the corporation or the re	eceiver	or trustee employe	ered to ex	ecute this	s report a	s requ	ired by Chapter 607, Florida	Statutes; ar	d that	my name
SIGNATURE: 561-638-4875		Mat	fres)			4	130/03	F C 1	c 2 /	. 4075
	SIGNAL		R PRINT	ED NAME OF SIGN	ING OFFI	CER OR	DIRECTO	R /	Date			