

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92203 023 ***150.00

DOCUMENT # P95000082325 1. Entity Name VENTURA MANAGEMENT, INC.				✓	
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 5927 VINTAGE OAKS CIR Suite, Apt. #, etc.		3. Mailing Address 5927 VINTAGE OAKS CIR Suite, Apt. #, etc.			
City & State DELRAY BCH		City & State DELRAY BCH		4. FEI Number 65-0624789	
Zip FL 33484		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name BIALO, WALTER Street Address (P.O. Box Number is Not Acceptable) 5927 VINTAGE OAKS CIR City DELRAY BCH FL Zip Code 33484	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTD	TITLE			
NAME	BIALO, WALTER	NAME			
STREET ADDRESS	5927 VINTAGE OAKS CIR	STREET ADDRESS			
CITY - ST - ZIP	DELRAY BCH, FL 33484	CITY - ST - ZIP			
TITLE	VPD	TITLE			
NAME	BIALO, KENNETH	NAME			
STREET ADDRESS	24 ELM AVENUE	STREET ADDRESS			
CITY - ST - ZIP	LARCHMONT NY 10538	CITY - ST - ZIP			
TITLE	SD	TITLE			
NAME	BIALO-RUSSO, SHERYL	NAME			
STREET ADDRESS	100 OLD STONOVALL RD.	STREET ADDRESS			
CITY - ST - ZIP	EASTON CO 06612	CITY - ST - ZIP			
TITLE		TITLE	DO NOT WRITE IN THIS SPACE		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		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 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 907, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.					
SIGNATURE:		4/30/03		561-638-4875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WALTER BIALO		Date		Daytime Phone #	