

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 027 ***150.00

DOCUMENT # **P960000008257**

1. Entity Name

Venetian Apartments, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

330 Valencia Ave

Suite, Apt. #, etc.

3. Mailing Address

530 Valencia Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Corral Gables FL

City & State

Corral Gables

4. FEI Number

65-0644719

Applied For

☒ Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Pyle, Craig V

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

530 Valencia Ave

City

Corral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

Doc# P96000008257
654323

2/18/02
NUM: P96000008257 ST: FL ACTIVE/FL PROFIT FLD: 01/23/1996 EFF: 01/19/1996 8:06 AM
FEI#: 65-0644719
NAME : VENETIAN APARTMENTS, INC.
PRINCIPAL: 530 VALENCIA AVE.
ADDRESS : CORAL GABLES, FL 33134 US CHANGED: 04/20/99
RA NAME : VANN PYLE, KRAIG NAME CHG: 09/11/98
RA ADDR : 530 VALENCIA AVE. ADDR CHG: 09/11/98
CORAL GABLES, FL 33134 US
ANN REP : (1999) AY 04/20/99 (2000) A 04/27/00 (2001) A 04/20/01

2/18/02
CORP NUMBER: P96000008257 CORP NAME: VENETIAN APARTMENTS, INC. 8:07 AM
TITLE: D NAME: PYLE, KRAIG V
530 VALENCIA AVE.
CORAL GABLES, FL 33134