

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90434 013 \*\*\*150.00

DOCUMENT # P96000008251

1. Entity Name

Venetian Apartments, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

530 Valencia Ave  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 6747  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables FL

City & State

Vero Beach FL

4. FEI Number

65-064719

Applied For

Not Applicable

Zip

33134

Country

US

Zip

32961

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Vann Pyle, Kraig

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

523 Royal Palm Blvd

City  
Vero Beach

FL

Zip Code  
32960

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title 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

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres  
Kraig Vann Pyle  
530 Valencia Ave  
Coral Gables FL 33134

TITLE  
NAME  
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04 772.563.0013

Date

Daytime Phone #

CR2E034B (12/02)