

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054454

1. Entity Name

VENTURE VISION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90024 025 ***150.00

Principal Place of Business

8775 PARK BLVD
416
MIAMI FL 33172-5709
US

Mailing Address

8775 PARK BLVD
416
MIAMI FL 33172-5709
US

2. Principal Place of Business

3. Mailing Address

3301 N.E. 5th Ave

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1007

City & State

Miami, FL

City & State

Zip

33137

Country

DADE

Country

4. FEI Number

65-0799340

Applied For

Not Applicable

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

RUBI, CARLOS C
8775 PARK BLVD. #416
MIAMI FL 33172-5709

Name

William R. Bundy

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

172 N. W. 87th Street

El Portal, FL 33150

City

El Portal, FL 33150

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

William R. Bundy William R. Bundy

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	RUBI, CARLOS C	
STREET ADDRESS	8775 PARK BLVD #416	
CITY-ST-ZIP	MIAMI FL 33172-5709	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
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 or trustee 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:

Carlos C. Rubi (Carlos C. Rubi)

Date

4-1-00

Daytime Phone #

305-648-1455

X218

CR2E034 (9/99)