

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91216 017 ***158.75

DOCUMENT # P97000054454

1. Entity Name

VENTURE VISION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3301 NE 5th Ave, #1007

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1007

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33137

DADE

4. FEI Number

65-0799340

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CARLOS RUBI**

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

3301 NE 5th Ave, #1007

City

Miami

FL

Zip Code

33137

**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

Carlos C. Rubi

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

✓ 4-29-02

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	President Carlos C. Rubi 3301 NE 5th Ave, #1007 Miami, FL 33137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-29-02

Date

✓ 305-572-0422

Daytime Phone #

CR2E034B (12/01)