

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90371 006 ***158.75

DOCUMENT # P98000082279

1. Entity Name

VENERE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2996 LOWERY DR.
 OVIEDO FL 32765

2996 LOWERY DR.
 OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

709 WEST OAK RIDGE RD

P.O. BOX 590211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO, FL

4. FEI Number

59-3535259

Applied For

Not Applicable

Zip

32809

Country

ORANGE

Zip

32859-0211

Country

ORANGE

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMM, ROSEMARY
2996 LOWERY DR.
OVIEDO FL 32765

Name

ROGER A. FOOTZ

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

709 WEST OAK RIDGE RD.

City

ORLANDO

FL

Zip Code

32809

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

Roger A. Footz

ROGER A. FOOTZ

042801

Signature, type for 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	DIANA, GIUSEPPE	
STREET ADDRESS	VIA TERMIGNONI 2, 28010	
CITY-ST-ZIP	AMENO-NOVARA, ITALY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMM, ROSEMARY	
STREET ADDRESS	2996 LOWERY DR.	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	VACARRO, VINCENZO	
STREET ADDRESS	2548 DOVETAIL DR.	
CITY-ST-ZIP	OCFEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER A. FOOTZ	
STREET ADDRESS	709 WEST OAK RIDGE RD	
CITY-ST-ZIP	ORLANDO, FL. 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Roger A. Footz

ROGER A. FOOTZ

042801

407 240 1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)