

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0108351 AV

DOCUMENT # P98000086362

1. Entity Name  
E-VENTURE CAPITAL MANAGEMENT INC.



FILED

03 OCT 28 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3308 SABAL COVE LANE  
LONGBOAT KEY FL 34228  
US

Mailing Address  
3308 SABAL COVE LANE  
LONGBOAT KEY FL 34228  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

03

4. FEI Number 13-4026976

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

GALLUCCIO, VINCENT  
3308 SABAL COVE LANE  
LONGBOAT KEY FL 34228

Name

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

300024104053  
10/28/03--01006--004 \*\*750.00

City

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

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

Treasurer

10/24/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GALLUCCIO, VINCENT  
STREET ADDRESS 675 3RD AVENUE #2800  
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME GINSBERG, DANIEL  
STREET ADDRESS 675 3RD AVENUE #2800  
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

10/24/03

CR2E034 (4/03)