

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000016702**

1. Entity Name

OPERATIVE VENTURES, INC.

Principal Place of Business

**19839 N.W. SECOND AVENUE
MIAMI FL 33169**

Mailing Address

**19839 N.W. SECOND AVENUE
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1090448

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

**PUMPHREY, GERALD R ESQ.
11000 PROSPERITY FARMS RD.
SUITE 300
PALM BEACH GARDENS FL 33410**

Name

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

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.

SIGNATURE

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, 2002 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	PUMPHREY, GERALD R ESQ.	
STREET ADDRESS	11000 PROSPERITY FARMS RD. SUITE 300	
CITY- ST- ZIP	PALM BEACH GARDENS FL 33410	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	PVT'S	<input type="checkbox"/> Delete
NAME	ROSE, JAMES	
STREET ADDRESS	305 SOUTH CONGRSS AVENUE	
CITY- ST- ZIP	WEST PALM BEACH FL 33416	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY- ST- ZIP		

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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:

JAMES ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/02

Daytime Phone #

256511475

DO NOT WRITE IN THIS SPACE

CP2E034 (9/01)