FOR PROFIT CORPORATION 2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State

305-752-7480

Daytime Phone #

		SO ILLI OILI (_ Sccretai	y or State	
DOCUMENT # P99000022928 1. Entity Name				05-08-2002 90	140 003 ***150.00	
First Venservices Corp.						
DO NOT WRITE IN THIS SPACE				653198		
2. Principal I	Place of Business	3. Mailing Address				
	S.W. 133rd Ct.	13376 S.W. 10	8th St. Ci	rl		
Suite, Apt.#, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta Miami,	FL	City & State Miami, FL		4. FEI Number 65-0903417	Applied For Not Applicable	
Z ip 33186	Country	Zip 33186-3451	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current Registe	red Agent	
	DO NOT WI			, Gabriel E. ss (P.O. Box Number is Not Acceptable) S.W. 108th St. Cir.		
			City Miami	Fi	Zip Code 33186-3451	
~-8.≃The above	named entity submits this statemen	t for the purpose of changing		r registered agent-or both-in the State of Flo	_ 00±00 010‡	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OY 23/02 DATE						
0 This A		. January 1 • M	lay 1 Fee is \$150.00	,		
Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be						
(See criteria on back) Amended UBR is \$61.25 Make Check Payable to Department of State				Trust Fund Contribution.	Added to Fees	
11.	OFFICERS AND D		ı			
TITLE	D/P/T		TITLE		04)	
NAME	Melich, Gabriel	Ε.	NAME		CR2E034B (12/01)	
STREET ADDRESS	13376 S.W. 108t		STREET ADDRESS		8	
CITY - ST - ZIP	Miami, FL 33186		CITY - ST - ZIP		වී	
TITLE	D/VP/S		TITLE			
NAME	Melich, Josefin	a K.	NAME		5	
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP	Miami, FL 33186	-3451	CITY - ST - ZIP			
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NAME			NAME	it fille of A	-	
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CITY - ST - ZIP			CITY - ST - ZIP			
	rtify that the information supplied with	this filing does not qualify for		d in Section 119 07/3\/ii\ Florida Statutes 150	other certify that the	
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.						

Josefina K. Melich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

SIGNATURE: