

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025606

1. Entity Name
VENSERVI, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90084 044 ***150.00

Principal Place of Business

11662 GOOD-WYCK DR.
ORLANDO FL 32837

Mailing Address

11662 GOOD-WYCK DR.
ORLANDO FL 32837

2. Principal Place of Business

103 W. Oak Street

Suite, Apt. #, etc.

C-6

City & State

Kissimmee, FL

Zip

34741

Country

3. Mailing Address

103 W. Oak Street

Suite, Apt. #, etc.

C-6

City & State

Kissimmee, FL

Zip

34741

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3566064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, MARCO A
11662 GOOD-WYCK DR.
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

City

01

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/2001

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

TITLE **P** ☐ Delete
NAME **MINDEZ, MARCO A**
STREET ADDRESS **11662 GOOD WYCK DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VP** ☐ Delete
NAME **MENDEZ, CAROLINE A**
STREET ADDRESS **11662 GOOD WYCK DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MENDEZ, MARCO**
STREET ADDRESS **103 W. OAK STREET SUITE C-6**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **VP** ☒ Change ☐ Addition
NAME **ALFONZO, CAROLINA**
STREET ADDRESS **103 W. OAK STREET SUITE C-6**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

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

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

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

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date

407-4682015

Daytime Phone #

CR2E034 (10/00)