# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P99000045406

**Entity Name:** VENECORP, INC.

**Current Principal Place of Business:**

4701 N.W. 14TH STREET
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

4701 N.W. 14TH STREET
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number: 65-0920870** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SELBY, MATT
7300 W. CAMINO REAL, #126
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

DEFELICE, CARLOS R P
4701 NW 14 TH STREET
SUNRISE, FL 33313 US

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: CARLOS R. DEFELICE 04/25/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DEFELICE, CARLOS R
Address: 1424 MAJESTY TERRACE
City-St-Zip: WESTON, FL 33327

Title: S ( ) Delete
Name: DEFELICE, ELSY F
Address: 1424 MAJESTY TERRACE
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: DEFELICE, CARLOS R
Address: 949 GOLDEN CANE DRIVE
City-St-Zip: WESTON, FL 33327

Title: S (X) Change ( ) Addition
Name: DEFELICE, ELSY F
Address: 949 GOLDEN CANE DRIVE
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS DEFELICE P 04/25/2002
Electronic Signature of Signing Officer or Director Date