

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070373

1. Entity Name

E-VENTURE.COM, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90365 005 \*\*\*150.00

Principal Place of Business

8220 STATE RD 84  
SUITE # 200  
DAVIE FL 33324

Mailing Address

8220 STATE RD 84  
SUITE # 200  
DAVIE FL 33324

2. Principal Place of Business

4400 N. Federal Hwy

3. Mailing Address

P.O. Box 772102

Suite, Apt. #, etc.

Suite 210-21

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Coral Springs, FL

Zip

33431

Country

USA

Zip

33077

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0940574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIFORE, CHRISTINE M  
8220 STATE RD 84  
SUITE # 200  
DAVIE FL 33306

7. Name and Address of New Registered Agent

Name Dean Preiser

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

4400 N. Federal Highway

Suite 210-21

City

Boca Raton

FL

Zip Code

33431

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

*Dean Preiser*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/20/01*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DIFIORE, CHRISTINE M	
STREET ADDRESS	188 SW 96TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KIRSCH, RICHARD M	
STREET ADDRESS	188 SW 96TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dean Preiser, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 772102	
STREET ADDRESS	Coral Springs, FL	
CITY-ST-ZIP	33077	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Dean Preiser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dean Preiser

Date

Daytime Phone #

954-341-0676

CR2E034 (10/00)