

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082179

1. Entity Name

VENEGAS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90286 013 ***150.00

Principal Place of Business

Mailing Address

5415 LYONS RD
COCONUT CREEK FL 33073

5415 LYONS RD
COCONUT CREEK FL 33073-2810

2. Principal Place of Business

3. Mailing Address

1350 S.W. 122 way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Zip

Country

33025

Country

USA

4. FEI Number

65-0951789

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

DIETERLE, GORDON A
MATTLIN & MCCLOSKEY
2300 GLADES RD, SUITE 400 E
BOCA RATON FL 33431

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, 2000 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 PD
NAME VENEGAS, FELIX A
STREET ADDRESS 1350 SW 122 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33025

☐ Delete

TITLE VD
NAME VENEGAS, MARISOL
STREET ADDRESS 1350 SW 122 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33025

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TITLE STD
NAME VENEGAS, SONIA P
STREET ADDRESS 1350 SW 122 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33025

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/00 954-704-2597

CR2E034 (9/99)