

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90031 006 ***150.00

DOCUMENT # **P99000096018**

1. Entity Name

VENTURE CONCEPTS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**915 N.W. 1st Avenue,
Suite H2903
Miami, Florida 33136**

**P.O. Box 11-2521
Miami, Florida 33111-
2521**

2. Principal Place of Business

**915 N.W. First Avenue
Suite, Apt. #, etc.
Suite 2514**

3. Mailing Address

**915 N.W. First Avenue
Suite, Apt. #, etc.
Suite 2514**

**City & State
Miami, Florida 33136**

**City & State
Miami, Florida**

4. FEI Number

65-1033749

Applied For

Not Applicable

**Zip Country
33136 United States**

**Zip Country
33136 United States**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**James A. Culmer
915 N.W. First Avenue
Suite 2514
Miami, Florida 33136**

7. Name and Address of New Registered Agent

**Name James A. Culmer
Street Address (P.O. Box Number is Not Acceptable)
915 N.W. First Avenue
Suite 2514
City Miami, Florida FL Zip Code 33136**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: **James A. Culmer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00 (305) 372-2391
Date Daytime Phone #

CR2E034 (9/99)

Attachment Doc #
P99000096018
DOB 82.117

**VENTURE CONCEPTS
MANAGEMENT, INC.**

Real Estate Investments

Business Opportunities

8/21/2000

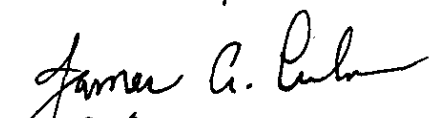
Division of Corporations

Dear Sir/Madam;

"Please accept this check #101 in the amount of
\$150.00 to renew my status with your agency.

Being that it is my first year in business, and I
moved and was unavailable to retrieve correspondence
from registered addresses, I did not receive this form
(UBR) and therefore was unaware of your imposed
deadline.

Sincerely,


President