FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90451 001 ***150.00

DOCUMENT # P99000096886 ✓

1. Entity Name
VENUS CYBERNETICS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16 ROYAL PALM WAY	16 ROYAL PALM WAY
Suite, Apt. #, etc. 105	Suite, Apt. #, etc. 105
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432 Country PALM BEACH	Zip 33432 Country PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0958696 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EMMANUEL R. CRUZ

Street Address (P.O. Box Number is Not Acceptable): 16 ROYAL PALM WAY #105

City: BOCA RATON FL Zip Code: 33432

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) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT/S/T
NAME	EMMANUEL R. CRUZ
STREET ADDRESS	16 ROYAL PALM WAY #105
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EMMANUEL R. CRUZ 5-20-2002 954-629-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)