

**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 #

1. Entity Name

P99000096886 ✓

VENUS CYBERNETICS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16 ROYAL PALM WAY

Suite, Apt. #, etc.

105

3. Mailing Address

16 ROYAL PALM WAY

Suite, Apt. #, etc.

105

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

PALM BEACH

Zip

33432

Country

PALM BEACH

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 circulating)

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

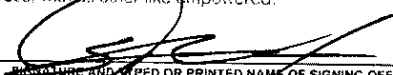
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/S/T EMMANUEL R. CRUZ 16 ROYAL PALM WAY #105 BOCA RATON, FL 33432
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**DO NOT WRITE
IN THIS SPACE**

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 or without like empowered.

SIGNATURE:



EMMANUEL R. CRUZ

5-20-2002

954-629-1053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034B (12/01)