

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105952

1. Entity Name  
VENUSA INTERNATIONAL, INC.

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90030 050 \*\*\*550.00

Principal Place of Business  
1645 DUNLAWTON AVE. #1221  
PORT ORANGE FL 32127

Mailing Address  
1645 DUNLAWTON AVE. #1221  
PORT ORANGE FL 32127

AU014666



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
958 Village Trail, Apt#104  
Suite, Apt. #, etc.  
Port Orange, FL  
City & State

3. Mailing Address  
958 Village Trail  
Suite, Apt. #, etc.  
Apt # 104  
City & State  
Port Orange, FL

Zip Country  
32127 USA

4. FEI Number  
59-3614681 — Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BRUMER, BARRY N  
5728 MAJOR BLVD  
SUITE 265  
ORLANDO FL 32819

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME FERNANDEZ, HERNAN A  
STREET ADDRESS 1645 DUNLAWTON AVE, #1221  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE STD  
NAME FERNANDEZ, EVELYN  
STREET ADDRESS 1645 DUNLAWTON AVE, #1221  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ 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 Hernan Fernandez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-18-00 (904) 767-0375  
Date Daytime Phone #

CR2E034 (5/00)