2000 UNIFORM BUSINESS REPORT (UBR)

DOCUN	/ENT	# P99000	0108562								
1. Entity Name GREAT LAKE VENTURES, INC.							FILED				
							00 APR 28 PM 2: 06				
Principal Place of Business Mailing Address								RETARY O			
43 ALMERIA AV CORAL GABLES			343 ALMERIA AVENUE CORAL GABLES FL 33	343 ALMERIA AVENUE CORAL GABLES FL 33134			TALE	AHASSEE,	FLOF	RIDA	
2. Principal Pla	ace of Busin	ness	3. Mailing Address	3. Mailing Address							
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPAC	Ε		
City & State			City & State	City & State			El Number			olied For Applicable	
Zip		Country	Zip	Count	ry	5. 0	Certificate of Status Desired		75 Addi Required		
	and Address of Curr	ent Registered Agent		Name	7. N	lame and Address of New Re	gistered Agen	t			
SPIEGEL & UTRERA, P.A.						(P.O. Bo	ox Number is Not Acceptable				
	ILMERIA <i>A</i> IL GABLES	(Venue S FL 33134									
					City			FL	Zip Code	,	
8. The above	named enti	ty submits this stateme	nt for the purpose of changir	ng its registere	d office or registe	ered age	ent, or both, in the State of Flo	ida.			
SIGNATURE _	Signature, typed	d or printed name of registered a	agent and title if applicable.	(NOTE: Registered	d Agent signature requir	ed when re	instating)	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 After MAY 1, 2000 Fee Make Check Payable to I					will be \$550.00	ate	10. Election Campaign Fin Trust Fund Contribution			May Be to Fees	
11.		OFFICERS A	AND DIRECTORS	12.			I DITIONS/CHANGES TO OFFI				
TITLE NAME	D	hog Flaio	☐ Delete	TITLE	l				Change	☐ Addition	
STREET ADDRESS	1 343 AIMELIA AVERGE			STRE	ET ADDRESS						
CITY-ST-ZIP	Cora	<u>l Gables, Fl</u>	orida 33134	TITLE	-ST-ZIP				Change	Addition	
NAME			Li Delete	NAMI	E		000003	2365	30	6	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP		−Uʻ5/U: **13§	3/0001 300.00 ×	JJは== <u>*米米米1</u>	50.00	
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CITY-ST-ZIP					-ST-ZIP				Change	Addition	
TITLE NAME			☐ Delete	TITLE NAM					Change	_	
STREET ADDRESS					EET ADDRESS ST-ZIP				7	SP	
13. I hereby of indicated	certify that to	he information supplied ort or supplemental ren	with this filing does not qua	lift for the ava	motion stated in	Section e same	119.07(3)(i), Florida Statutes. legal effect as if made under	I further certify to bath; that I am a	hat the in	nformation or director	
13. Thereby certify that the information supplied with this injuried does not quality for the exemptions stated in 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 diversities empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #											