

2000 UNIFORM BUSINESS REPORT (UBR)

PS142

DOCUMENT # *829216*

1. Entity Name **VENTURA AMERICA INC.**

FILED

00 AUG 10 AM 9: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **6418 NW 5THWAY
FL
FT. LAUDERDALE 33309**

Mailing Address **P O Box 130112
SUNRISE, FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0239270**

Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARIM M PATEL
9121 NW 32 PLACE
SUNRISE, FL 33351**

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 _____

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 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

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

TITLE **M/S**
NAME **KARIM M PATEL**
STREET ADDRESS **9121 NW 32 PLACE**
CITY-ST-ZIP **SUNRISE, FL 33351**

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

TITLE **T/D**
NAME **ISMAIL PATEL**
STREET ADDRESS **9121 NW 32 PLACE**
CITY-ST-ZIP **SUNRISE, FL 33351**

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

TITLE _____
NAME **300003372233--8**
STREET ADDRESS **-08/24/00--01051--030**
CITY-ST-ZIP ******150.00 ****150.00**

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

TITLE _____
NAME _____
STREET ADDRESS **SP**
CITY-ST-ZIP _____

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: *Karim Patel* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (9/99)

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July 31st 2000

Division of Corporations
P O Box 1500
Tallahassee, Fl 32302-1500

To the concerned Officer:

Re: Uniform Business Report filing for Ventura America Inc.

Please accept this late filing as the forms were sent to old/incorrect addresses and the officer concerned was traveling overseas for an extended period of time. Please also note the change of address of the registered agent/director. Thanking you for the needful.

Sincerely



Karim Patel