

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29216

1. Entity Name
VENTURA AMERICA INC.

Principal Place of Business
6418 N.W. 5TH WAY
FT LAUDERDALE FL 33309

Mailing Address
P.O. BOX 130112
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOLLYWOOD, FL

Zip

Country

Zip

Country

33020

USA

4. FEI Number 65-0239270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, KARIM M
9121 N.W. 32ND PLACE
SUNRISE FL 33351

Name
PATEL KARIM M

Street Address (P.O. Box Number is Not Acceptable)

1827 JACKSON STREET

City HOLLYWOOD

FL

Zip Code
33020

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

Karim Patel

5-1-2001

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PATEL, ISMAIL
9121 N.W. 22ND PLACE
SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MS
PATEL, KARIM M
9121 N.W. 22ND PLACE
SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MS
PATEL, KARIM M
1827 JACKSON STREET
HOLLYWOOD, FL 33020 ☒ Change ☐ Addition

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☐ Delete

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☐ 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:

Karim Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2001 (954) 232-5221

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90371 011 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)