

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90370 028 ***150.00

DOCUMENT # S52906

1. Entity Name

VENAD MANAGEMENT, INC.

Principal Place of Business

**C/O FREDERICK R. ADLER
 1520 SOUTH OCEAN BLVD
 PALM BEACH FL 33480
 US**

Mailing Address

**C/O FREDERICK R. ADLER
 1520 SOUTH OCEAN BLVD.
 PALM BEACH FL 33480
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2930979

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ADLER, FREDERICK R.
 1520 SOUTH OCEAN BLVD
 PALM BEACH FL 33480**

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

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **ADLER, FREDERICK R.**
 CITY-ST-ZIP **1520 S OCEAN BLVD
 PALM BEACH FL 33480**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **CHAPMAN, PHILIP R.**
 CITY-ST-ZIP **C/O VENAD, 342 MADISON AVE., STE 807
 NEW YORK NY 10473**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **645 Madison Ave 14th FL**
 CITY-ST-ZIP **NY NY 10022**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **NICKSE, JAY S.**
 CITY-ST-ZIP **C/O VENAD, 342 MADISON AVE., STE 807
 NEW YORK NY 10473**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **645 Madison Ave 14th FL**
 CITY-ST-ZIP **NY NY 10022**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **NUSSBAUM, SHELDON**
 CITY-ST-ZIP **C/O FULBRIGHT JAWORSKI LLP 666 5TH AVE
 NEW YORK NY**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE OF FREDERICK R. ADLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick R. Adler

1/9/02

Date

561 551 520

Daytime Phone #

CR2E034 (9/01)