

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77292

i. Entity Name

VENETIAN ISLE L.T., INC.

346

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90376 002 ***150.00

Principal Place of Business

Mailing Address

MICHELLE SIMONETTI
BRIGHTON ROAD
CLIFTON NJ 07015

ATTN: MICHELLE SIMONETTI
6 BRIGHTON ROAD
CLIFTON NJ 07012-1647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3129884 22-3129884

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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	AXELROD, NORMAN	
STREET ADDRESS	6 BRIGHTON RD	
CITY-ST-ZIP	CLIFTON NJ	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GILES, WILLIAM	
STREET ADDRESS	6 BRIGHTON RD	
CITY-ST-ZIP	CLIFTON NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	DICK, DAVID	
STREET ADDRESS	6 BRIGHTON RD	
CITY-ST-ZIP	CLIFTON NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AORIEENNE URBAN	
STREET ADDRESS	6 BRIGHTON RD.	
CITY-ST-ZIP	CLIFTON, NJ 07015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Adrienne Urban
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIENNE URBAN
TREASURER

Date

4/15/00

Daytime Phone #

778-1300

CR2E034 (9/99)