2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$94307** 1. Entity Name VENTURE ADVISORS, INC. Principal Place of Business Mailing Address 4521 PGA BLVD 4521 PGA BLVD SUITE 330 SUITE 330 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3997 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Zip Country 6. Name and Address of Current Registered Agent

FILED Jan 27, 2000 8:00 am Secretary of State

01-27-2000 90005 030 ***150.00



TESSLER, DANIEL 4521 PGA BLVD SUITE 330 PALM BEACH FL 33418			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	le
			8. The above	named entity submits this statement for the	e purpose of changing its reg	gistered office or re	egistered age
SIGNATURE _	Signature, typed or printed name of registered agent and ti	itle if applicable. (NOTE: Re	egistered Agent signature	e required when rei	instating) D	PATE	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable				00.00	Election Campaign Financins Trust Fund Contribution.		00 May Be d to Fees
11.	OFFICERS AND DIR	ECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-2IP	PD TESSLER, DANIEL 4521 PGA BLVD., STE. 330 PALM BEACH GDNS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME	PALM BEACH GUNS PL	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-7/P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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:

Thursterden CHANCHAN/ PRESODEN

1/13/89

30,2847270

Daytime Phone #