

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90054 027 \*\*\*158.75

**DOCUMENT # P00000006819**

1. Entity Name  
**VENTIMIGLIA, INC.**

Principal Place of Business

205 SW SIXTH STREET  
 BOCA RATON FL 33432

Mailing Address

205 SW SIXTH STREET  
 BOCA RATON FL 33432

**CU038174**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1225 WINTERWOOD, NE**

Suite, Apt. #, etc.

3. Mailing Address

**1225 WINTERWOOD, NE**

Suite, Apt. #, etc.

City & State

**GRAND RAPIDS, MI**

City & State

**GRAND RAPIDS, MI**

4. FEI Number

**05-103922**

Applied For

Not Applicable

Zip

**49525**

Country

**USA**

Zip

**49525**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, JOSEPH E ATTY.**  
**70 SE FOURTH AVENUE**  
**DELRAY BEACH FL 33483**

**DE**

7. Name and Address of New Registered Agent

Name

**NANCY MARTIN LOPEZ**

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

**201 SW 6TH ST**

City

**BOCA RATON**

FL

Zip Code

**33432**

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]* **NANCY MARTIN LOPEZ**

**1/9/01**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
INCORPORATOR	JOSEPH A. PORZELLO, MD	205 SW SIXTH STREET	BOCA RATON, FL 33432-5935	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	WILLIAM A. STEVENSON	1225 WINTERWOOD, NE	GRAND RAPIDS, MI 49525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	CLAIRE F. DAVIS	354 3RD STREET	TROY, NY 12180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	ROBERTA L. STEVENSON	1225 WINTERWOOD, NE	GRAND RAPIDS, MI 49525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	PERYL P. PETER	P.O. BOX 338	WINDHAM, NY 12496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	MARY JO MARTIN	2900 SW 22ND AVENUE, APT. 504	DELRAY BEACH, FL 33445	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **WILLIAM A. STEVENSON**, **3/18/01** **616 975-0795**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT**

CR2E034 (10/00)