

**AMENDED
2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **372309**

1. Entity Name
Valencia Properties Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 AM 11:15

Principal Place of Business: **255 S. ORANGE AVE #1255 Orlando, FL 32801**
Mailing Address: **SAME**

2. Principal Place of Business: **255 S. ORANGE AVE #1255**
3. Mailing Address: **255 S. ORANGE AVE #1255**

City & State: **Orlando, FL**
Zip: **32801** Country: **U.S.A.**

4. FEI Number: **592808258**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MARY B. SHARP
255 S. ORANGE AVE #1255
Orlando, FL 32801

7. Name and Address of New Registered Agent
Name: **MARILUZ SOTO**
Street Address (P.O. Box Number is Not Acceptable): **255 S. ORANGE AVE #1255**
City: **ORLANDO** FL Zip Code: **32801**

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: *Marilyn Soto* DATE: **Nov. 6, 2001**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **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: PRESIDENT	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARY B. SHARP		NAME: MARILUZ SOTO	
STREET ADDRESS: 255 S. ORANGE AVE #1255		STREET ADDRESS: 255 S. ORANGE AVE #1255	
CITY-ST-ZIP: ORLANDO, FL 32801		CITY-ST-ZIP: ORLANDO, FL 32801	
TITLE: Sec. / TREAS	<input checked="" type="checkbox"/> Delete	TITLE: Sec. TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHN F. FORD		NAME: MARILUZ SOTO	
STREET ADDRESS: 255 S. ORANGE AVE #1255		STREET ADDRESS: 255 S. ORANGE AVE #1255	
CITY-ST-ZIP: ORLANDO, FL 32801		CITY-ST-ZIP: ORLANDO, FL 32801	
TITLE: DIRECTOR	<input checked="" type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MICHELLE KING		NAME:	
STREET ADDRESS: 255 S. ORANGE AVE #1255		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO, FL 32801		CITY-ST-ZIP:	
TITLE: SENIOR V.P.	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PINLEY M. HAMILTON		NAME:	
STREET ADDRESS: 255 S. ORANGE AVE #1255		STREET ADDRESS:	
CITY-ST-ZIP: ORLANDO, FL 32801		CITY-ST-ZIP:	
TITLE: C.E.O.	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Kelley Juancovich		NAME:	
STREET ADDRESS: 255 S. ORANGE AVE #1255		STREET ADDRESS:	
CITY-ST-ZIP: Orlando, FL 32801		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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: *Kelley Juancovich* DATE: **Nov. 6, 2001**
Signature and typed name of signing officer or director: **Kelley Juancovich, CEO**

CR2E034 (11/00)