

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90050 024 ***150.00

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DOCUMENT # J72309

1. Entity Name
VALENCIA PROPERTIES, INC.



Principal Place of Business
**255 S ORANGE AVENUE
#1255
ORLANDO FL 32801
US**

Mailing Address
**255 S ORANGE AVENUE
#1255
ORLANDO FL 32801
US**



2. Principal Place of Business
**100 WEST LUCETINE CIR
SUITE 402**

3. Mailing Address
**100 W. LUCETINE CIRCLE
SUITE 402**

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32801

Country
USA

Zip
32801

Country
USA

4. FEI Number **59-2808258** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOTO, MARILUZ
255 S. ORANGE AVENUE
STE 1255
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **MARILUZ LOPEZ**

Street Address (P.O. Box Number is Not Acceptable)
**100 W. LUCETINE CIRCLE
SUITE 402**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mariluz Lopez* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HAMILTON, FINLEY M 255 S ORANGE AVE #1255 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO IVANOVICH, KELLEY 255 S ORANGE AVE #1255 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SOTO, MARILUZ 255 S ORANGE AVE #1255 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 W. LUCETINE CIRCLE SUITE 402 ORLANDO, FLORIDA 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 W. LUCETINE CIRCLE SUITE 402 ORLANDO, FLORIDA 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 W. LUCETINE CIRCLE SUITE 402 ORLANDO, FLORIDA 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Mariluz Lopez* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/7/03** Daytime Phone # **407-835-0016**

CRZE034 (10/02)