Mailing Address

MIAMI BCH FL 33139

3. Mailing Address

Suite, Apt. #, etc.

MIAMI BRACH

# 122

City & State

33/40

Zip

711 5TH ST.

#207

K31404

マリジタリス

DO NOT WRITE IN THIS SPACE	
FEI Number <b>65-0077600</b>	Applied For Not Applicabl
	3.75 Additional Required
Name and Address of New Registered Age	nt

DATE

VALLADARES, PABLO PAGLO VALLADARES Street Address (P.O. Box Number is Not Acceptable) 11340 NW 58TH PLACE HIALEAH FL:33139 15650 BULL RUN RO. 148万代。602年,广正

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.

(NOTE: Registered Agent signature required when reinstating)

Country

4.5

5.

7.

2699 COLLING PUE.

SIGNATURE COLON signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

Country

6. Name and Address of Current Registered Agent

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

YIDMI BEACH

2699 COLLINS AVE.

MIAMI BCH FL 33139

Suite, Apt. #, etc.

122

33140

Žip

City & State

VALLADARES REALTY ASSOCIATES, INC.

1. Entity Name

711 5TH ST.

FILE NOW!!! FEE-IS-\$550.00 After September 13, 2002 Fee will be \$750.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVS** VICE PARTICENT ☐ Delete TITLE Change NAME VALLADARES, PABLO ROSA T. VALLAGARES NAME STREET ADDRESS 11340 NW 58TH PLACE STREET ADDRESS 15650 BULL RVN RO #7087 CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP MIRANI CRILES FL 33014 血柱 13.98 性 Delete TD is UNIO TITLE ☐ Change Addition VALLADARÉS, PABLO NAME STREET ADDRESS 11340 NW 58TH PLACE STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS; STREET ADDRESS CITY; ST-ZIP 31 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIPAN LISTS LUCTURE L. VA. (2) (47. -415722) GAS 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:

SIGN