

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033260

1. Entity Name
VALVE DEPOT CORP.

Principal Place of Business
1490 NW 3RD AVE.
MIAMI FL 33136

Mailing Address
1490 NW 3RD AVE.
MIAMI FL 33136

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORONA, RAY
1490 NW 3RD AVE.
MIAMI FL 33136

Name
Sara J. Ribero

Street Address (P.O. Box Number is Not Acceptable)
8380 SW 92 Terrace

Miami, FL 33156

City
MIAMI

FL

Zip Code
33136

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, 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, 2002 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

OFFICERS AND DIRECTORS

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORONA, RAY L
1490 NW 3RD AVE.
MIAMI FL 33136

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
Sara J. Ribero
8380 SW 92 Terrace
Miami, FL 33156

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Pay to the order of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara J. Ribero
4/16/02

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-30-2002 90194 023 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)