## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000051996

1. Entity Name

VALENCIA ISLES CAFE, INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90118 033 \*\*\*150.00

		100	O WE TRES						
Principal Place of Business  -7146-HUNTINGTON LANE #202  DELRAY BEACH FL 33446	Mailing Address 7148 HUNTINGTON PANE # -DELRAY BEACH FL 93448								
2. Principal Place of Business 7315 TONGA CT 7315 TONG			I IN OLUMN 1 ELS MALLES AND A CONTRACT MALLE MAL					III BIII IBUI	
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					_
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33437 Country 1/5	33/37	Country くし		5. Certific	ate of Status Desired		.75 Additi Required	onal	
6. Name and Address of Current Registered Agent				7. Name a	and Address of New R	legistered Age	nt		]
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KONIGSBERT, N. SANDY-			Street Address (P.O. Box Number is Not Acceptable)						
_3300 UNIVERSITY DR-STE 311						···			-
CORAL SPRINGS FL 33065			315	-10N	6A CT				İ
:			BOYN	TON E	Beach	FL	Zio Code	137	
8. The above named entity submits this statement for	or the purpose of changing its re	gistered office	or registere	ed agent, or	both, in the State of Fk	orida. I am fami	iliar with, ar	nd accept	1
the obligations of registered altern	. 11								
Stud Child	word								İ
SIGNATURE Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent sig	gnature required v	when reinstating	)	DATE			1
FILE NOW!!! FEE IS \$150.00					•••				1
After May 1, 2003 Fee will be \$550.00				9.	Election Campaign Fire		\$5.00 Added to	May Be	
Make Check Payable to Florida Department of State					Trust Fund Contribution	on. L	Added to	o rees	1
10. OFFICERS AND	DIRECTORS /	11.		ADDITIO	NS/CHANGES TO OFF	ICERS AND DI	RECTORS	IN 11	1
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NAME CONCET ADDRESS		NAME STREET ADDRES	.						
STREET ADDRESS CITY_ST_7IP		CITY-ST-ZIP	~						}

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 like empowered.

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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