

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90004 038 ***150.00

DOCUMENT # P93000038380

1. Entity Name
VALVIL CORPORATION

656262

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
1101 Brickell Ave.

3. Mailing Address
1101 Brickell Avenue

Suite, Apt. #, etc.
Ste 1700

Suite, Apt. #, etc.
Ste 1700

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
59-2231699

Applied For
Not Applicable

Zip Country
33131 Miami-Dade

Zip Country
33131 Miami-Dade

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Demos, Angelo P.
Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave.,
Ste 1700
City Miami FL Zip Code 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE D
NAME PERE, LUIS
STREET ADDRESS 1101 Brickell Ave., Ste 1700
CITY-ST-ZIP Miami, FL 33131

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Luis Pere*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (305) 379-4529
Date Daytime Phone #

CR2E034B (12/01)