

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90146 041 ***158.75

DOCUMENT # P96000064591

1. Entity Name
VALENTINO ENTERPRISES, INC.

Principal Place of Business 4000 HOLLYWOOD BLVD. SUITE 350 NORTH TOWER HOLLYWOOD FL 33021	Mailing Address CARMINE PAOLINO 6586 PAPINEAU MONTREAL QUEBEC CANADA H2G2X
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip H2G 2X2	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**FEINBERG, JEFFREY
 4000 HOLLYWOOD BLVD.
 SUITE 350, NORTH TOWER
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAOLINO, CARMINE 6586 AV. PAPINEAU MONTREAL QUEBEC CA H2G- 2X2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21 '2000
 Date
FAX (514) 725-0118
(514) 992-5930
 Daytime Phone #

CR2E034 (9/99)