2002 Uniform Business Report (UBR)

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Mar 27, 2002 8:00 am § Secretary of State DOCUMENT # P96000064591 1. Entity Name 03-27-2002 90023 047 ***150.00 VALENTINO ENTERPRISES, INC. Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD. CARMINE PAOLINO SUITE 350 NORTH TOWER 6586 PAPINEAU HOLLYWOOD FL 33021 MONTREAL, QUEBEC, CANADA H2G- 2X2 2. Principal Place of Business 3. Mailing Address PAPINEAU AV. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NIL City & State ity & State 4. FEI Number Applied For NOT APPLICABLE UEBEC ONTREAL Not Applicable Ζiρ Country Country ANAD A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINBERG, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD. **SUITE 350, NORTH TOWER** HOLLYWOOD FL 33021 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 > 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change D ☐ Delete TITLE ☐ Addition PAOLINO CARMINE PAOLINO, CARMINE NAME STREET ADDRESS 6586 AV. PAPINEAU STREET ADDRESS PAPINEAU 6389 AV. CITY-ST-ZIP MONTREAL QUEBEC CA H2G- 2X2 CITY-ST-ZIP **Q**UEBEC TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete • TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ĈITY-ST-ZIP 13. I hereby certify that the information adoptied 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

FILED