

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 355648

1. Entity Name

VALOR CORPORATION OF FLORIDA

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90197 016 ***158.75

Principal Place of Business

5555 N.W. 36TH AVENUE
MIAMI FL 33142

Mailing Address

5555 N.W. 36TH AVENUE
MIAMI FL 33142-2709

2. Principal Place of Business

1001 SAWGRASS
CORP. PKWY.

3. Mailing Address

1001 SAWGRASS
CORP. PKWY.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33323

Country

US

Zip

33323

Country

US

4. FEI Number

59-1278865

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, BURT C.
3170 WILLOW LANE
FT LAUDERDALE FL 33331

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/00

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	PD	<input type="checkbox"/> Delete
NAME	NEWTON, BURT C JR	
STREET ADDRESS	3170 WILLOW LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEWTON, DONNA J.	
STREET ADDRESS	3170 WILLOW LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHADOVICH, ELSABETH	
STREET ADDRESS	14421 LAKE CHILDS CT.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWTON, BURT E	
STREET ADDRESS	18475 NW 24 STR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAO, EDUARDO	
STREET ADDRESS	13197 NW 11 PL	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PERNAS, MARIA	
STREET ADDRESS	548 GRAND CONCOURSE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 954-377-4925

Date

Daytime Phone #

CR2E034 (9/99)