

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90137 044 ***158.75

DOCUMENT # 355648

1. Entity Name
VALOR CORPORATION OF FLORIDA



Principal Place of Business
**1001 SAWGRASS CORP PKWY
SUNRISE FL 33323
US**

Mailing Address
**1001 SAWGRASS CORP PKWY
SUNRISE FL 33323
US**

11012056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1278865**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DONNA J NEWTON-PRESIDENT,

4/21/03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **NEWTON, BURT C JR**
STREET ADDRESS **3170 WILLOW LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **NEWTON, DONNA J.**
STREET ADDRESS **3170 WILLOW LANE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **PRESIDENT/SECRETARY/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS **SAME ADDRESS**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **NEWTON, BURT E**
STREET ADDRESS **18475 NW 24 STR**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **NEWTON, BURT E VP/DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS **12100 NW 6th ST**
CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **VP** ☒ Delete
NAME **CAO, EDUARDO**
STREET ADDRESS **13197 NW 11 PL**
CITY-ST-ZIP **SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PERNAS, MARIA**
STREET ADDRESS **548 GRAND CONCOURSE**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **VP** ☒ Change ☐ Addition
NAME **PERNAS, MARIA**
STREET ADDRESS **16481 NE 31 AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Donna J Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA J NEWTON

4/21/03 377-4925

Date

Daytime Phone #

0356281 AV

CR2E034 (10/02)