

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524541

1. Entity Name
VALTEK CONSULTANTS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90083 005 ***150.00

Principal Place of Business
2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180
US

Mailing Address
2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180-1849
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-2765049
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALLBERG, WENDY ESO
10100 WEST SAMPLE ROAD #311
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name JACK BIRNHOLZ
Street Address (P.O. Box Number is Not Acceptable) 2221 NE 202 ST
City MIAMI FL 33180

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] DATE: 3/1/00

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

(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	D	<input type="checkbox"/> Delete
NAME	BIRNHOLZ, JACK	
STREET ADDRESS	2221 N.E. 202 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BIRNHOLZ, SHIRLEY	
STREET ADDRESS	2221 N.E. 202 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KNIGHT, HARRIET	
STREET ADDRESS	25314 VIA ORIOLE	
CITY-ST-ZIP	VALENCIA CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: [Signature] J. BIRNHOLZ, Director 3/1/00 3:5 9312420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)