

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2000 8:00 an  
Secretary of State**

02-07-2000 90038 048 \*\*\*158.75

**DOCUMENT # 629865**

1. Entity Name

**VALT INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

**8555 W MCNAB RD.  
TAMARAC FL 33321****8555 W MCNAB RD.  
TAMARAC FL 33321-3209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1922364**Applied  
Not

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNEIDER, JEROME  
8555 W. MCNAB ROAD  
TAMARAC FL**

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

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** Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
SCHLOSSBERG, SHARON  
10157 N.W. 3RD PLACE  
CORAL SPRINGS FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
GORDON, PHYLLIS  
5879 N.W. 126TH TERRACE  
CORAL SPRINGS FL 33076** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SCHNEIDER, JULIA  
8040 BUTTWOOD CIRCLE  
TAMARAC FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Julia Schneider*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-00

Date

(954) 722-

Daytime Phone #