

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G75558

1. Entity Name

VAL-SAL INVESTMENT COMPANY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90051 028 ***150.00

Principal Place of Business

Mailing Address

901 NORTHPOINT PARKWAY, SUITE 301
WEST PALM BEACH FL 33407-1953
US

901 NORTHPOINT PARKWAY, SUITE 301
WEST PALM BEACH FL 33407-1953
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2400054

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, MR. LAWRENCE E., ESQ.
400 EXECUTIVE CENTER DR., STE. 201
WEST PALM BEACH FL 33401

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SALADRIGAS, RAFAEL	
STREET ADDRESS	901 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SALADRIGAS, RAFAEL	
STREET ADDRESS	901 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BCH. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSSI, ENRICO	
STREET ADDRESS	901 NORTHPOINT PARKWAY	
CITY-ST-ZIP	WEST PALM BCH. FL	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00

561-687-1600

CR2E034 (9/99)