

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H16293

1. Entity Name

VALVERDE & ASSOCIATES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90266 030 ***150.00

Principal Place of Business

250 CATALONIA AVE
 #304
 CORAL GABLES FL 33134
 US

Mailing Address

5309 ALHAMBRA CIR
 CORAL GABLES FL 33146-2301
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Alhambra Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1405

City & State
 Coral Gables, FL

City & State

4. FEI Number

59-2439098

Applied For

Not Applicable

Zip
 33134

Country
 U.S.A

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

VALVERDE, ANUCA
 5309 ALHAMBRA CIRCLE
 CORAL GABLES FL 33146

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD VALVERDE, ANUCA 5309 ALHAMBRA CIRCLE CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (305) 444-1444
 Date Daytime Phone #

CR2E034 (9/99)