2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2002 8:00 am Secretary of State DOCUMENT # H92579 1. Entity Name 02-20-2002 90048 042 ***150 00 VALIENTEHERNANDEZ P.A. Principal Place of Business Mailing Address % GILBERTO J. HERNANDEZ % GILBERTO J. HERNANDEZ 918 E. BUSCH BLVD. 918 E. BUSCH BLVD. TAMPA FL 33612-8501 TAMPA FL 33612-8501 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2609315 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, GILBERTO J. Street Address (P.O. Box Number is Not Acceptable) 918 E BUSCH BLVD. **TAMPA FL 33612** Zip Code City FL 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. Νo CHANGE GILBERTO J. HERNANDEZ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition Delete TITL F TITLE NAME NAME HERNANDEZ, GILBERTO J. STREET ADDRESS STREET ADDRESS 3121 OAKLYN AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609-4633 ☐ Addition Change TITLE VSD Delete TITLE NAME NAME valiente, josé é. STREET ADDRESS STREET ADDRESS 918 E BUSCH BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612-8501 ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME **BLONDEL. ROBERT C** STREET ADDRESS STREET ADDRESS 227 N. BRONOUGH ST., STE 6200 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

(GILBERTO J. [HERNANDEZ) UILX SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR