

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52091

1. Entity Name

VALCOR, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90004 032 ***150.00

Principal Place of Business

Mailing Address

VALCOR, INC.
7605 WELBORNE ST
RALEIGH NC 27615
US

VALCOR, INC.
7605 WELBORNE ST
RALEIGH NC 27615-4115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2845841**

Applied For
Not Applicable

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

CORDOBA, JOSE M
7750 PINES BLVD
BOX 4
PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)
7991 PEMBROKE RD.

City

PEMBROKE PINES

FL

Zip Code

33023

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	P	<input type="checkbox"/> Delete
NAME	CORDOBA, JULIO E.	
STREET ADDRESS	10012 LIANA LANE	
CITY-ST-ZIP	RALEIGH NC	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRISON, JONATHAN	
STREET ADDRESS	6202 ARRINGTON RD	
CITY-ST-ZIP	RALEIGH NC 27607	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORDOBA, JOSE M	
STREET ADDRESS	7991 PEMBROKE RD	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio E. Cordoba CORDOBA

4/8/2000 (919)878-3745

Date

Daytime Phone #

CR2E034 (9/99)