

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90251 044 ***150.00

DOCUMENT # **K32581**

1. Entity Name
CARLOS VALERA & ASSOCIATES, INC.



Principal Place of Business
**5040 N.W. 7TH STREET
SUITE 635
MIAMI FL 33126**

Mailing Address
**5040 N.W. 7TH STREET
SUITE 635
MIAMI FL 33126**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
141 SEVILLA AVE.

3. Mailing Address
141 SEVILLA AVE

Suite, Apt. #, etc.
CONAZ LABLES FL

Suite, Apt. #, etc.
CONAZ LABLES FLA

City & State

City & State

4. FEI Number **65-0073218**

Applied For
Not Applicable

Zip
33134

Country
DATE.

Zip
33134

Country
DATE

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

**VALERA, CARLOS
5040 N.W. 7TH STREET
SUITE 635
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	VALERA, CARLOS	5040 N.W. 7TH ST., #635	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		141 SEVILLA AVE	CONAZ LABLES FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos Valera* SIGNATURE REQUIRED

2-14-03 448-4005