

FILED
03 JAN 21 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M 89 Z 35
1. Entity Name Valeria - Laverne, Inc

000009880060
01/06/03--01088--010 **61.25

DO NOT WRITE IN THIS SPACE

000009880060
02/05/03--01052--009 **88.75

2. Principal Place of Business 3056 S.State Rd 7, Suite, Apt. #, etc.	3. Mailing Address 1275 NE 200 Street Suite, Apt. #, etc.
Bay 39 & 40 City & State Miramar, FL 33022	City & State Miami, FL 33179
Zip 33023	Country Broward
Zip 33179	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 650062213	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Valeria L. Stewart	
	Street Address (P.O. Box Number is Not Acceptable) 1275 NE 200 Street	
	City Miami	Zip Code FL 33179

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 *Valeria L. Stewart* **12/30/02**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary/Treasurer/Director Valeria L. Stewart 1275 NE 200 Street Miami, FL 33179	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

CR2E034B (12/01)