

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47996

1. Entity Name

VALENCIA CONDOMINIUM INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90082 047 ****61.25

Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
207
CORAL GABLES FL 33134
US

2151 LE JUNE RD
#305
CORAL GABLES FL 33134-4200
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

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

RAUL AGULERA
2151 LE JUNE RD
#305
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

33172

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCH, MILDRED	
STREET ADDRESS	2582 W 56TH STREET, #202	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	FONTALVO, HUGO	
STREET ADDRESS	2582 W 56TH STREET, #203	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PERALTA, ALINA	
STREET ADDRESS	2582 W 56ST 204	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00

Date

Daytime Phone #