

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90034 043 \*\*\*150.00

0153639

**DOCUMENT # P00000019671**

1. Entity Name  
**VALDES - NUNEZ, INC.**

Principal Place of Business  
**1101 BRICKELL AVENUE  
 SUITE 1100  
 MIAMI FL 33131**

Mailing Address  
**1101 BRICKELL AVENUE  
 SUITE 1100  
 MIAMI FL 33131**

**00031008**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**401 Miracle Mile**

3. Mailing Address  
**151 Crandon Blvd**

Suite, Apt. #, etc.  
**100**

Suite, Apt. #, etc.  
**1022**

City & State  
**Coral Gables, FL**

City & State  
**Key Biscayne FL**

4. FEI Number  
**52-2219721**

Applied For  
 Not Applicable

Zip  
**33134**

Country

Zip  
**33149**

Country

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

**PENA, J. DAVID  
 1101 BRICKELL AVENUE  
 SUITE 1100  
 MIAMI FL 33131**

Name  
**Felipe Ruiz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8390 W. FLAGLER ST**  
**Suite 219**  
 City  
**MIAMI** FL Zip Code  
**33144**

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 reconstituting)

03-29-01

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, 2001 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  
**D**  
 NAME  
**VALDES-NUNEZ, JOSE M**  
 STREET ADDRESS  
**1101 BRICKELL AVENUE**  
 CITY-ST-ZIP  
**MIAMI FL 33131**

TITLE  
**P**  
 NAME  
**VALDES NUNEZ JOSE M.**  
 STREET ADDRESS  
**151 Crandon Blvd Unit 1022**  
 CITY-ST-ZIP  
**Key Biscayne FL 33149**

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

SIGNATURE:

**JOSE M. VALDES NUNEZ** 03-29-01 (305) 773/768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)