

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90119 031 \*\*\*150.00

**DOCUMENT # P00000041939**

1. Entity Name

VAL.JR. NICOLLE'S CORP.

Principal Place of Business

514 EAGLE POINTE N  
 KISSIMMEE FL 34746

Mailing Address

514 EAGLE POINTE N  
 KISSIMMEE FL 34746

2. Principal Place of Business

3501 W. Vine St. Suite 270

3. Mailing Address

3501 W. Vine St. Suite 270

Suite, Apt. #, etc.

Kissimmee, FL

Suite, Apt. #, etc.

Kissimmee, FL

City & State

34741

U.S.A.

City & State

34741

U.S.A.

Zip

Country

Zip

Country

4. FEI Number

59-3646143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

OSORIO OSORIO, FERNANDO

514 EAGLE POINTE N

KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name

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

3501 W. Vine St. Suite 270

City

Kissimmee

FL

Zip Code

34741

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

*Fernando Osorio*

FERNANDO OSORIO

01-08-01

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

TITLE PD  
 NAME PSORIO OSORIO, FERNANDO  
 STREET ADDRESS 514 EAGLE POINTE N  
 CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE VPD  
 NAME ROMERO ALVAREZ, JULIETA  
 STREET ADDRESS 514 EAGLE POINTE N  
 CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
 3501 W. Vine St Suite 270  
 Kissimmee, FL 34741

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition  
 3501 W. Vine St Suite 270  
 Kissimmee, FL 34741

TITLE  
 NAME  
 STREET ADDRESS  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Fernando Osorio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01

Date

407-9323191

Daytime Phone #

CR2E034 (10/00)