

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90016 040 ***150.00

DOCUMENT # P00000041939

1. Entity Name
VAL.JR. NICOLLE'S CORP.

Principal Place of Business

3501 W VINE ST STE 270
KISSIMMEE FL 34741

Mailing Address

3501 W VINE ST STE 270
KISSIMMEE FL 34741

2. Principal Place of Business

3034 MICHIGAN AVE

3. Mailing Address

3034 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

Zip

Country

34744

OSCEOLA

Zip

Country

34744

OSCEOLA

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

7. Name and Address of New Registered Agent

OSORIO OSORIO, FERNANDO

3501 W VINE ST STE 270

KISSIMMEE FL 34741

Name

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

3034 MICHIGAN AVE

City

KISSIMMEE

FL

Zip Code

34744

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

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, 2002 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 ☐ Delete
NAME PD
STREET ADDRESS OSORIO OSORIO, FERNANDO
CITY-ST-ZIP 3501 W VINE ST STE 270
 KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3034 MICHIGAN AVE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete
NAME VPD
STREET ADDRESS ROMERO ALVAREZ, JULIETA
CITY-ST-ZIP 3501 W VINE ST STE 270
 KISSIMMEE FL 34741

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3034 MICHIGAN AVE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-02

807.8561906

CR2E034 (9/01)