

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90134 026 ***150.00

DOCUMENT # P00000041939

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



Principal Place of Business
**3034 MICHIGAN AVE
KISSIMMEE FL 34744**

Mailing Address
**3034 MICHIGAN AVE
KISSIMMEE FL 34744**



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 **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
3034 MICHIGAN AVE
KISSIMMEE FL 34744**

Name **FERNANDO OSORIO O.**

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

76 Bth Street

City **WINTER GARDEN**

FL

Zip Code **34787**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PSORIO OSORIO, FERNANDO**
STREET ADDRESS **3034 MICHIGAN AVE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **FERNANDO OSORIO OSORIO**
STREET ADDRESS **76 Bth Street**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **VPD** ☐ Delete
NAME **ROMERO ALVAREZ, JULIETA**
STREET ADDRESS **3034 MICHIGAN AVENUE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **VPD** ☒ Change ☐ Addition
NAME **JULIETA ROMERO ALVAREZ**
STREET ADDRESS **76 Bth Street**
CITY-ST-ZIP **WINTER Garden, FL. 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 607, 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]*

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-03

Date

407-972-3191

Daytime Phone #

CR2E034 (10/02)