

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000071245**1. Entity Name  
**VALBUS CONSTRUCTION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>20851 NW 14TH STREET<br><br>PEMBROKE PINES FL 330292309 | Mailing Address<br>20851 NW 14TH STREET<br><br>PEMBROKE PINES FL 330292309 |
|--|--|

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**65-1028662**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****VALENCIA ALBERTO J**  
**20851 NW 14TH STREET****PEMBROKE PINES FL**  
**330292309****7. Name and Address of New Registered Agent**Name  
**BUSTO IVAN**Street Address (P.O. Box Number is Not Acceptable)  
**11800 S.W. 18TH STREET**

206

City **MIAMI FL** Zip Code  
**33175**

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 **IVAN BUSTO****04/21/2001**

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, 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          | SVD                         | <input type="checkbox"/> Delete |
| NAME           | <b>BUSTO IVAN</b>           |                                 |
| STREET ADDRESS | <b>11800 SW 18TH STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33175</b>       |                                 |

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | PD                                 | <input type="checkbox"/> Delete |
| NAME           | <b>VALENCIA ALBERTO J</b>          |                                 |
| STREET ADDRESS | <b>20851 NW 14TH STREET</b>        |                                 |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL 330292309</b> |                                 |

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

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

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
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 like empowered.

**SIGNATURE: ALBERTO J. VALENCIA**

PD

04/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)