

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000082895

1. Entity Name
VALDES & ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 16 PM 12:02

Principal Place of Business
**7175 SW 8 STREET SUITE 201
MIAMI FL 33144**

Mailing Address
**7175 SW 8 STREET SUITE 201
MIAMI FL 33144**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1047377** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**VALDES, CARLOS L
7175 SW 8 STREET SUITE 201
MIAMI FL 33144**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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: ☒ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PO VALDES, CARLOS L 7175 SW 8 STREET SUITE 201 MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another authorized person.

SIGNATURE: **SIGNATURE OF CARLOS L VALDES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-01 **305-267-1818**
Date Daytime Phone #

CP2E034 (5/01)

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VALDES & ASSOCIATES, INC.
Public and Governmental Relations

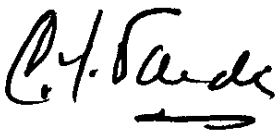
July 5, 2001

Mr. Jay Kassees
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Kassess:

Enclosed please find the Annual Corporate Report. As I explained this morning this was the first notice we received for the corporate filing I made last August 28th on behalf of Valdes & Associates Inc.

Sincerely



Carlos L. Valdes