AMENDED ANNUAL REPORT- 2001

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084993

1. Entity Name

VALOR INSURANCE AND FINANCIAL SERVICES, INC.

FILED
01 DEC -6 PM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10556 N. W. 26 Street, D-101 Miami, FL 33172	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10556 N.W. 26 St.	
Suite, Apt. #, etc. D-101	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33172 Country Miami-Dade	Zip Country

4. FEI Number 651039210 ☐ 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
VALOR, JOAQUIN 10556 N. W. 26 Street Suite D-101 Miami, Florida 33172	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 MAY1, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Valor, Joaquin 10556 N.W. 26 St., #D-101 Miami, FL 33172	☐ Delete	700004734117--0 -12/20/01--01024--023 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cape, Maria I. 14200 S. W. 18 ST. Miami, FL 33175	XX ☐ Delete		☐ Change ☐ Addition
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CR2E034 (11/00)

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: _____ 12/3/01 305-406-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #