2001 UNIFORM BUSINESS REPÖRT (UBR)

SIGNATURE: _

Feb 19, 2001 8:00 am DOCUMENT # P00000100274 Secretary of State 1. Emity Name 01-26-2001 90156 019 ***150.00 VALLE GRANDE ENTERPRISE, INC. Principal Place of Business Mailing Address 831 NW 21ST TERRACE 831 NW 21ST TERRACE MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINEZ MANUEL B Street Address (P.O. Box Number is Not Acceptable) 8181 NW SOUTH RIVER DR. #D-443 MEDLEY FL 33166 Zip Code 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 4 (NOTE: Registered Agent signature required when reinstating) me of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition Delete TILE ☐ Change TITLE NAME NAME MARTINEZ, MANUEL B STREET ADDRESS STREET ADDRESS 8181 NW SOUTH RIVER DR. #D-443 CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 Addition ☐ Change ☐ Datete TITLE NAME NAME MARTINEZ, ANA R STREET ADDRESS STREET ADDRESS 8181 NW SOUTH RIVER DR. #D-443 CITY-ST-ZIP CITY-ST-ZIP MEDLEY FL 33166 Addition ☐ Delete TITLE ☐ Change 71TLF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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