

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90130 022 \*\*\*158.75

DOCUMENT # P00000107563

1. Entity Name

Valtec Software, Inc.



**DO NOT WRITE IN THIS SPACE**

20005367

2. Principal Place of Business

1550 Madruga Avenue

3. Mailing Address

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

City & State  
Coral Gables

City & State

4. FEI Number  
65-1056616

Applied For

Not Applicable

Zip  
33146

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
German Leiva

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

1550 Madruga Avenue Suite 406

City  
Coral Gables

FL

Zip Code  
33146

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

1/8/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DPT	German Leiva	1550 Madruga Avenue Suite 406	Coral Gables, Florida 33146
DS	Camilo Leiva	1550 Madruga Avenue	Coral Gables, Florida 33146
D	Owen Freed	550 Puerta Avenue	Coral Gables, Florida 33143

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

1/8/2003

305-667-9484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #