

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90262 001 \*\*\*\*\*8.75  
 05-20-2002 90262 002 \*\*\*150.00

**DOCUMENT # P01000000327**

**1. Entity Name**  
**VALOREM COMMUNICATIONS CORP.**

**Principal Place of Business**

**4141 COLLINS AVENUE**  
**MIAMI BEACH FL 33140**

**Mailing Address**

**4141 COLLINS AVENUE**  
**MIAMI BEACH FL 33140**

**2. Principal Place of Business**

**2911 Grand Ave**

**3. Mailing Address**

**2911 Grand Ave**

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

**Suite 4B**

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

**Suite 4B**

**City & State**

**Coconut Grove, FL**

**City & State**

**Coconut Grove, FL**

**Zip**

**33133**

**Country**

**US**

**Zip**

**33133**

**Country**

**US**

**4. FEI Number**

**65-1065593**

**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**

**SPIEGEL & UTRERA, P.A.**

**343 ALMERIA AVENUE**

**CORAL GABLES FL 33134**

**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** *Victor Bao*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*April 24, 2002*

**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, 2002 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** **STPD** ☐ Delete  
**NAME** **BAO, VICTOR M**  
**STREET ADDRESS** **4141 COLLINS AVENUE**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33140**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **RAMIREZ, JOSEPH A**  
**STREET ADDRESS** **4141 COLLINS AVENUE**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33140**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**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:** *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 22 2002 (305) 446-8900*

Date

Daytime Phone #

CR2E034 (9/01)