

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 028 ***150.00

DOCUMENT # P01000012125

1. Entity Name

VAL, FERRO & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22119 BOCA RATON PLACE DR. 22119 BOCA RATON PLACE DR.

Suite, Apt. #, etc.

323

Suite, Apt. #, etc.

323

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FLORIDA

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-1071789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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B0062073

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MILLENNIA CONSULTING SERVICES, IN

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

2630 N.E. 203 STREET

SUITE 106

City

AVENTURA, FL

FL

Zip Code

33180

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

3/29/02

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.** ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
P
NAME
VALDOMIRO SILVA
STREET ADDRESS
22119 BOCA RATON PLACE DR.
CITY-ST-ZIP
BOCA RATON, FL 33433

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/2002

Date

561.4456207

Daytime Phone #

CR2E034B (12/01)