

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90323 042 \*\*\*150.00

DOCUMENT # PO1000013833 ✓

1. Entity Name

**VAL-TECH GROUP CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8875 SW 147th Ave #1**

Suite, Apt. #, etc.  
**# 1235**

City & State  
**MIAMI, FLORIDA**

Zip  
**33196** Country  
**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65 108 5020** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

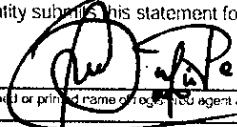
Name  
**GLOBAL BUSINESS SOLUTIONS**

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

**1290 WESTON RD Suite #210**

City **WESTON** FL Zip Code **33326**

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 **04-01-02**

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  
**PRESIDENT & CEO**  
NAME  
**LUIS E. LAPEIRA**  
STREET ADDRESS  
**8875 SW 147th AVE #1235**  
CITY-ST-ZIP  
**MIAMI, FL 33196**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowered.

SIGNATURE:  DATE **04-11-02** 305 7524025  
Daytime Phone #