

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

DOCUMENT # P01000058791

1. Entity Name

VALDEZ SURETY SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 11 AM 11:47

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2245 SW 132 AVE.

3. Mailing Address  
2245 SW 132 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-1937486

Applied For  
Not Applicable

Zip  
33175

Country  
US

Zip  
33175

Country  
US

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  
HAROLD VALDEZ

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

2245 SW 132 AVE.

City  
MIAMI

FL  
Zip Code  
33175

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

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  
(P/D) HAROLD VALDEZ  
2245 SW 132 AVE.  
MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000016323300  
04/18/03--01041--025 \$750.00

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IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-03

Date

Daytime Phone #

CR2003-8 (12/02)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH  
A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO  
PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER  
RECEIVED FIRST NOR SECOND NOTICE FOR 2002 UNIFORM BUSINESS  
REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS  
CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS  
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS  
LISTED IN THE ANNUAL REPORT .

CORDIALLY

A handwritten signature in black ink, appearing to read "Harold Valdez", written in a cursive style.

HAROLD VALDEZ  
PRESIDENT